You are being invited to participate in a research study titled [Name of your study]. This study is being done by [Name of Researcher(s)] from Coastal Carolina University. You were selected to participate in this study because [insert inclusion criteria].

The purpose of this research study is [provide participants with a clear and accurate statement of the scientific purpose and objectives of the research, use lay terms, do not repeat the study title].

If you agree to take part in this study, you will be asked to complete an online survey/questionnaire. This survey/questionnaire will ask about [insert topic of questions, especially if sensitive issues will be asked about, i.e. – alcohol/drug use, suicide, child abuse, etc.] and it will take you approximately [XX] minutes to complete.

(*If there are no benefits to the participants, remove this paragraph.*)

By agreeing to participate in this research study, *you may benefit by/from* [describe any benefit(s) to the participant or to others that may reasonably be expected from the research].

During this research study, *no risks or discomforts are anticipated* OR *it is possible that you will experience certain risks or discomforts such as* [explain and describe any risks anticipated or that are possible given the specific issue(s) and situation(s) involved in the study procedures].

(*If there are no incentives, remove this paragraph.*)

For your participation in this research study, you will be provided [describe any incentives being offered to encourage participation such as money/gift cards, gifts, course credit, etc.]

(*Text for confidential surveys – identifying information will be collected/recorded from participants)*

Unless you provide consent to the contrary, the confidentiality of your participation in this research study, your responses or any individual results will be maintained by the PI and all members of the research team.

Note that confidentiality will only be violated when required by law or the ethical guidelines of the American Psychological Association. This usually includes, but may not be limited to, situations when your responses indicate that you, or another clearly identified individual, is at risk of imminent harm or situations in which faculty are mandated reporters, such as instances of child abuse or issues covered under Title IX regulations. For more information about Title IX, please see the University’s webpage at: <https://www.coastal.edu/titleix/>.

(*Text for anonymous surveys – meaning no identifying information will be collected/recorded from participants)*

Your participation in this survey, and all responses you give, are anonymous.

The data collected for this study will be stored until [period for which the data will be stored]. Results of this study, not any individual responses, may be shared through [describe your plan for sharing the findings of the research - class presentation, publication, conference presentation, etc.]

You do not have to agree to participate in this research study. If you do choose to participate, you may choose not to at any time once the study begins by simply closing out of the survey. There is no penalty for not participating or withdrawing from the study at any time. If you are a CCU student, your decision to participate or not will have no effect on your grade.

If you have any questions about this research study, please feel free to contact me by phone [your phone number] or [your CCU email address].

(*If the PI is a student, the contact information for the faculty advisor must be provided.*)

My faculty advisor on this study is [name of faculty advisor] and they can also be contacted by phone [faculty advisor phone number] or email [faculty advisor email].

**The Institutional Review Board (IRB) under the Office of Sponsored Programs and Research Services is responsible for the oversight of all human subject research conducted at Coastal Carolina University. If you have any questions about your rights as a research participant before, during or after the research study, you may contact this office by calling (843) 349-2978 or emailing** [**OSPRS@coastal.edu**](mailto:OSPRS@coastal.edu)**.**

This research study has been approved by the IRB on [insert date of approval letter]. This approval will expire on [insert expiration date from approval letter] unless the IRB renews the approval prior to this date.

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**Consent**

By clicking next below you are indicating that you are at least 18 years old, have read this consent form and agree to participate in this research study. You are free to skip any question that you choose. Please print a copy of this page for your records.