**SIGNED CONSENT FOR COURSE-RELATED RESEARCH PROJECT**

**Would you like to be involved in a classroom research project at the University of Denver?**

I am {PI Name} from the {XX Department} and I invite you to participate in my course-related research project entitled {research project name}. This research is being conducted as a classroom project in (enter course number and name). You were selected as a possible participant because {explain how the participant was selected}. You must be at least 18 years of age to participate in this study.

Your participation is completely voluntary so you don’t have to answer any question, and you can stop at any time. If you do choose to participate and then change your mind, you won’t be penalized in any way.

**Please read this document and ask me any questions that you may have BEFORE agreeing to take part in my research.**

**What is the purpose of this course-related research project?** The purpose of this project is to (Briefly explain the research question and its purpose in lay language).

**How many participants will be in this project?** About (insert number of research participants, if appropriate report the total number of participants and also break out this number by subgroups of participants – example about 100 people will participate include 33 students and up to 67 of their parents and guardians) people will take part in this project.

**What will I be asked to do?** If you agree to be in this research, you will (Explain all the tasks/procedures the participant will complete during the research, frequency of procedures, etc. Also, describe any procedures that are experimental).

**Are there other options to complete my course’s research requirement?** (Include this section if the research involves participation in a student research pool where students have the option of a non-research assignment. Otherwise DELETE this section.) Yes, you have the option to (describe what other option the participant has to receive research or extra credit).

**How long will this take?** Your participation will take (Indicate the length of time of participation for each activity and the total for all activities in the project. Example: 30 minutes, 1 hour, or 4 visits for a total of 2 weeks. If applicable, also include anticipated circumstances under which the participant’s participation may be terminated by the investigator without regard to the participant’s consent).

**What are the risks and/or benefits if I participate?** (If there are no risks or benefits, enter “There are no risks and no benefits from being in this research.” If there are risks and/or benefits, list, in order of severity, any possible risks--physical, psychological, economical, etc. Include the likelihood of each and under what conditions the researcher will terminate participation or the research project. Describe the tangible benefits that are direct to the participant. Do not only list abstract benefits like learning about research or become clear about your personal beliefs. Do not include compensation such as course credit or receipt of $$ or other items of value as a benefit, instead use the compensation section which appears below.)

**Will I be compensated for participating?** You (will/will not) be reimbursed for your time and participation in this research. [Include payment, reimbursement, class credit, etc. Explain when compensation will be given to the participant and conditions of receiving the compensation (e.g., if compensation will be pro-rated for participants who do not complete the entire research: “It is anticipated that participants will be able to withdraw at any time. For participants who have invested more than one hour in the research, it is anticipated that compensation will be pro-rated based on the time they have invested in the research”)].

**Who will see my information?** In reports presented in class or within the university, there will be no information included that will make it possible to identify you. The results of this study will not be published or presented outside of the university. Research records will be stored securely and only approved researchers will have access to the records. The instructor of our course may inspect and/or copy your research records for quality assurance and data analysis.

**Do I have to participate?** No. If you do not participate, you will not be penalized or lose benefits or services unrelated to the research. If you decide to participate, you don’t have to answer any question and can stop participating at any time.

**Who do I contact with questions, concerns or complaints?** If you have questions, concerns or complaints about the research or have experienced a research-related injury, contact me at (Provide a phone number that is local for the participant’s recruitment location and an email address. As a student investigator, also include the advisor's name, telephone number, and email address here.)

If you have any questions about your rights as a research participant, concerns, or complaints about the research and wish to talk to someone other than individuals on the research team or if you cannot reach the research team, you may contact the instructor of the course that is sponsoring this project (include instructor name, email address, and university phone#).

*You will be given a copy of this document for your records. By providing information to the researcher(s), I am agreeing to participate in this* research*.*

| Participant Signature | Print Name | Date |
| --- | --- | --- |
| Signature of Student Researcher Obtaining Consent | Print Name | Date |