***Instructions***

1. ***Use this template for exempt survey research.***
2. ***Delete these instructions before submitting this consent form to the IRB.***
3. ***Replace italicized directions/guidance (anything in this font color) with information specific to your study and reformat for consistency.***
4. ***Suggested language is provided. You may edit this language to align with your methodology and for the understanding of your subject population as appropriate. Any edits you make must still meet the standards for informed consent.***
5. ***Use plain language, generally at 8th grade reading level, that the subjects will understand.***

**Longwood University**

**Study Title *(use the title on the IRB proposal)***

***Student Researchers Names and class***

Thank you for your interest in this research. The purpose of this research is to *(provide a short explanation of what you are trying to find out. No more than 1-2 sentences)*. For this study, you will be asked to *(briefly describe the tasks or activities the participants will perform—e.g., complete specific tasks in the lab, interact with equipment, or provide feedback on certain procedures. If the tasks involve sensitive topics or emotions, include “you may find some of the activities uncomfortable or intrusive”)*.

* Your participation in this research is voluntary and will take approximately *(how long?)*.
* You are free to withdraw your consent or stop participating in the activity at any time without penalty.
* There are no risks beyond those ordinarily encountered in daily life or during the completion of routine activities.
* Your data and responses will be confidential and maintained on a secure server. All *(data, hard copies, study records, etc..)* will be securely destroyed at the end of the semester.
* While there is no compensation or any direct benefits *(or describe the compensation received for participating in the research, e.g. you will receive one extra credit point)*, your participation will contribute to the knowledge about *(what? Contribute to knowledge about something, or understanding of an issue? No more than 1 sentence)*.

This research is being completed as a class project for *(class)* under the supervision of *(Faculty mentor name)* and has been approved by the IRB. The results will be aggregated by the student researchers and presented at (*e.g. Spring Research Symposium, where will the data be presented?)* without any personally identifying information. These results will not be used for future research projects. The data will not be shared or used for future research projects. If you have any concerns about this survey or your participation, you may anonymously report them to the Longwood University IRB at <https://www.longwood.edu/studentresearch/institutional-review-board-irb/report-irb-concern/> or contact *(Faculty Mentor name and email address)* or the Longwood IRB (IRB@longwood.edu).

By checking the box below you indicate that you have read and understand the information provided above and you consent to participate in this research study.

[ ]  I consent to participate in this research

[ ]  I DO NOT consent to participate in this research

Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness (name/signature/date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(witness can be a researcher)*