**Informed Consent**

**Protocol Title:**

**Please read this consent document carefully before you decide to participate in this study.**

Dear Participant:

My name is [NAME] and I am a [TITLE (e.g. faculty, student)] at Sul Ross State University (SRSU). I am working under the direction of [NAME], a faculty member in [COLLEGE/DEPARTMENT]. We are conducting a research study on [DESCRIBE]. The purpose of this [SURVEY/INTERVIEW/FOCUS GROUP] is to better understand the current situation with respect to [DESCRIBE RESEARCH].

We are asking for your help, which will involve your participation in an [SURVEY/INTERVIEW/FOCUS GROUP] concerning your knowledge, experiences, attitudes, and beliefs about [RESEARCH TOPIC]. We anticipate this [SURVEY/INTERVIEW/FOCUS GROUP] to take [##] minutes total. [IF INTERVIEW/FOCUS GROUP: I would like to audio record this interview. The interview will not be recorded without your permission. Please let me know if you do not want the interview to be recorded; you also can change your mind after the interview starts, just let me know.]

Your participation in this study is voluntary. If you choose not to participate or withdraw from the study at any time, there will be no penalty whatsoever. You must be 18 years of age or older to participate.

The benefit for your participation is [DESCRIBE BENEFIT]. We anticipate the [DESCRIBE RISK OR DISCOMFORTS]. [OR.] There are no foreseeable risks or discomforts to your participation.

Your responses will be confidential. Results from this study may be used in reports, presentations, or publications but your name will not be used.

If you have any questions concerning the research study, please contact the research team – [PRINCIPAL INVESTIGATOR’S NAME] at [EMAIL] or [PHONE].

Thank you,

[PI’s First and Last Name]

[Student’s First and Last Name if applicable]

[INTERVIEWS AND FOCUS GROUPS: Please let me know if you wish to be part of the study and will let me audio record your responses by verbally indicating your consent.]

[FOR SURVEYS:

**Agreement:**

I have read the procedure described above. I voluntarily agree to participate in the procedure and I have received a copy of this description.

Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If you have any questions about your rights as a participant in this research, or if you feel you have been placed at risk, you can contact the Chair of Human Subjects Institutional Review Board, Dr. Chris Estepp at (432) 837-8406.