

University of North Carolina at Pembroke  
Consent to Participate in a Research Study  
Adult Participants  
Social Behavioral Form Example

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IRB Study # \_\_\_\_\_ << Leave blank. You will be given this information when your study is approved.>>

Consent Form Version Date: \_\_\_\_\_

Title of Study: <<Insert title of study here>>

Principal Investigator Contact Information: <<Include your contact information here>>

**What are some general things you should know about this research?**

You are being asked to take part in a research study because <<modify this sentence as needed>>. To join the study is voluntary. If you decide to participate, you will be asked to complete a survey on your use of technology.

<<Insert information about your study here. Be sure to include what participation includes and the length of time participation will typically require. An example is given below. You may modify it to match your study.>>

This survey is being conducted at UNCP to help understand how students use technology, such as desktop computers, notebook computers, devices and software while completing their courses at UNCP and the perceived impact of technology on their academic experience at UNCP. This survey will take approximately 15 minutes to complete. You may refuse to join, or you may withdraw your consent to be in the study, for any reason, without penalty.

**What are the risks or costs associated with participation?**

There are no anticipated risks associated with your participation in this survey. There are also no costs involved in this study.

**What are the benefits associated with participation?**

There are no immediate personal benefits from your participation. <<modify this sentence as needed>>However, your participation will benefit students in the university setting as the results may be used to improve their educational experience.

**How will your privacy be protected?**

<<Modify as needed, discussing how you will handle identifiable data.>>

Participants will not be identified in any report or publication related to this study and no identifying information will be collected.

**What if you have questions about this study?**

You have the right to ask, and have answered, any questions you may have about this research. If you have questions or concerns, you should contact the researchers listed at the top of this form.

**What if you have questions about your rights as a research participant?**

All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject you may contact, anonymously if you wish, the chair of the Institutional Review Board (Dr. Timothy Hayes) at 910.522.5785 or by email to irb@uncp.edu.

**Participant's Agreement:**

I have read the information provided above. I have asked all the questions I have at this time. I voluntarily agree to participate in this research study.

<<Use the blanks below ONLY if you are required to have written/signed consent>>.

\_\_\_\_\_  
Signature of Research Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Research Participant

<<Use the blanks below ONLY if you are obtaining consent in person.>>

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Person Obtaining Consent