

Longwood University
Consent for Participation in Social and Behavioral Research

I consent to participate in the research project entitled:

THE TITLE OF YOUR RESEARCH PROJECT

being conducted in the Department of **YOUR DEPARTMENT** by

YOUR NAME

- I understand that my participation in this research is voluntary, and that I am free to withdraw my consent at any time and to discontinue participation in this project without penalty.
- I acknowledge that the general purpose of this study, the procedures to be followed, and the expected duration of my participation have been explained to me.
- I acknowledge that I have the opportunity to obtain information regarding this research project, and that any questions I have will be answered to my full satisfaction.
- I understand that no information will be presented which will identify me as the subject of this study unless I give my permission in writing.
- I acknowledge that I have read and fully understand this consent form. I sign it freely and voluntarily. A copy of this form will be given to me.

Name (Print): _____

Date: _____ Signed: _____

I understand that if I have concerns or complaints about my treatment in this study, I am encouraged to contact the Office of Academic Affairs at Longwood University at (434) 395-2010.