

Appendix N. Sample Research Consent Form

University Letterhead

Department Name

PART 1: Research Description

Principal Researcher: _____

Research Title: _____

You are invited to participate in a research study that explores the doctoral experience. Your participation in this study requires an interview during which you will be asked questions about your opinions and attitudes relative to your experience in a doctoral program. The duration of the interview will be approximately 60 minutes. With your permission, the interview will be audiotaped and transcribed, the purpose thereof being to capture and maintain an accurate record of the discussion. Your name will not be used at all. On all transcripts and data collected you will be referred to only by way of a pseudonym.

This study will be conducted by the researcher _____, a doctoral candidate at _____ University. The interview will be undertaken at a time and location that is mutually suitable.

Risks and Benefits

This research will hopefully contribute to understanding the doctoral experience, and so the potential benefit of this study is improvement of higher education practice. Participation in this study carries the same amount of risk that individuals will encounter during a usual classroom activity. There is no financial remuneration for your participation in this study.

Data Storage to Protect Confidentiality

Under no circumstances whatsoever will you be identified by name in the course of this research study or in any publication thereof. Every effort will be made that all information provided by you will be treated as strictly confidential. All data will be coded and securely stored and will be used for professional purposes only.

How the Results Will Be Used

This research study is to be submitted in partial fulfillment of requirements for the degree of Doctor of Education at Teachers College, Columbia University, New York, New York. The results of this study will be published as a dissertation. In addition, information may be used for educational purposes in professional presentation(s) and/or educational publication(s).

PART 2: Participant's Rights

- I have read and discussed the research description with the researcher. I have had the opportunity to ask questions about the purposes and procedures regarding this study.
- My participation in this research is voluntary. I may refuse to participate or withdraw from participation at any time without jeopardy to future medical care, employment, student status, or other entitlements.
- The researcher may withdraw me from the research at her professional discretion.
- If, during the course of the study, significant new information that has been developed becomes available that may relate to my willingness to continue to participate, the investigator will provide this information to me.
- Any information derived from the research that personally identifies me will not be voluntarily released or disclosed without my separate consent, except as specifically required by law.
- If at any time I have any questions regarding the research or my participation, I can contact the researcher, _____, who will answer my questions. The researcher's phone number is (404) 256-4090 Ext 19. I may also contact the researcher's faculty advisor, _____, at (212) 678-3754.
- If at any time I have comments or concerns regarding the conduct of the research, or questions about my rights as a research subject, I should contact _____ University Institutional Review Board. The phone number for the IRB is (212) 678-4105. Alternatively, I can write to the IRB at _____ University, 525 W. 120th Street, New York, NY, 10027, Box 151.
- I should receive a copy of the Research Description and this Participant's Rights document.
- Audiotaping is part of this research. Only the principal researcher and the members of the research team will have access to written and taped materials. Please check one:

(. . .) I consent to being audiotaped.

(. . .) I do NOT consent to being audiotaped.

My signature means that I agree to participate in this study.

Participant's signature: _____ Date: ____/____/____

Name: (Please print) _____

Investigator's Verification of Explanation

I, _____ (researcher), certify that I have carefully explained the purpose and nature of this research to _____ (participant's name). He/she has had the opportunity to discuss it with me in detail. I have answered all his/her questions and he/she provided the affirmative agreement (i.e., assent) to participate in this research.

Investigator's signature: _____ Date: ____/____/____