

**EXAMPLE OF INFORMED CONSENT FORM  
(Electronic Submission)**

Consent to Participate in a Research Study  
Auburn University at Montgomery

TITLE OF STUDY:

PRINCIPAL INVESTIGATOR:

CO-PRINCIPAL INVESTIGATOR:

WHY AM I BEING INVITED TO TAKE PART IN THIS RESEARCH? You are being asked to participate in this research because we are interested in the behavior and health of students.

WHO IS DOING THE STUDY? This study is being conducted by John Doe who is a graduate student in the Department of Psychology, and by Jane Doe who is a professor in the Department of Psychology.

WHAT IS THE PURPOSE OF THIS STUDY? The purpose of this study is to examine utilitarian physical activity (such as walking) levels among students and to try to determine what factors influence their decisions to engage in utilitarian physical activity.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST? This study will take about \_\_\_\_\_ minutes of your time.

WHAT WILL I BE ASKED TO DO? After providing your electronic consent at the bottom of this page, you will complete a survey and \_\_\_\_\_

ARE THERE REASONS WHY I SHOULD NOT TAKE PART IN THIS STUDY? There are no known reasons why you should not take part in this study.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS? Although there are no known risks in this study, it is not possible to identify all potential risks in research procedures, but the researcher(s) have taken reasonable safeguards to minimize any known and potential, but unknown, risks.

ARE THERE ANY BENEFITS FROM TAKING PART IN THIS STUDY? There are no direct benefits to you for participating in this study. We hope that you gain an appreciation for the research process and become more aware of your behaviors and health.

DO I HAVE TO TAKE PART IN THE STUDY? Your participation in this research is voluntary. If you decide to participate in the study, you may withdraw your

consent and stop participating at any time without penalty or loss of benefits to which you are otherwise entitled.

**WHAT WILL IT COST ME TO PARTICIPATE?** There are no costs to you for participation.

**WHO WILL SEE THE INFORMATION THAT I GIVE?** We will keep private all research records that identify you, to the extent allowed by law. Your information will be combined with information from other people taking part in the study. When we write about the study to share it with other researchers, we will write about the combined information we have gathered. You will not be identified in these written materials. We may publish the results of this study; however, we will keep your name and other identifying information private.

We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is. For example, your name will be kept separate from your research records and these two things will be stored in different places under lock and key. You should know, however, that there are some circumstances in which we may have to show your information to other people. For example, the law may require us to show your information to a court

**CAN MY TAKING PART IN THE STUDY END EARLY?** You may quit the study at any time by simply exiting the survey.

**WILL I RECEIVE ANY COMPENSATION FOR TAKING PART IN THIS STUDY?** You will not receive any compensation from the researchers for your participation. Your instructor may offer compensation at their own discretion.

Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the investigator, John Doe at [jdoe@johndoe](mailto:jdoe@johndoe) or 555-5555. If you have any questions about your rights as a volunteer in this research, contact Debra Tomblin, Research Compliance Manager at 334-244-3250 [dtomblin@aum.edu](mailto:dtomblin@aum.edu). Please print a copy of this document for your files.

**1. Your electronic signature acknowledges that you have read the information stated and willingly sign this consent form.**

Your electronic signature acknowledges that you have read the information stated and willingly sign this consent form. I have read and understood this form and wish to participate in this study.

I do not wish to participate in this study.