VASSAR COLLEGE
Department of [Insert name] Consent Form

Primary Investigator: [Insert the name of the professor/supervisor]

Student Researcher(s):

Title of Project: [Insert title of project]

I acknowledge that on ________, I was informed by [insert the name of the professor or administrator] of Vassar College of a research project having to do with the following:

In this section, please: overview the nature of the research project;

overview the basic procedures/types of questions and the participant's role;

explain how confidentiality will be maintained;

describe the approximate duration of participation;

provide contact information (e.g., e-mail and phone number of the primary investigator) and state that participants may contact the PI with questions or concerns.]

Potential Risks: [describe any potential risks and the level of risk]

[Insert the name of the professor/supervisor]

Potential Benefits: [describe any potential benefits]

I am aware, to the extent specified above, of the nature of my participation in this project and the possible risks involved or arising from it. I understand that I may withdraw my participation in this project at any time without prejudice or penalty of any kind. I hereby agree to participate in the project. (You must be at least 18 years of age to give your consent.)