Project Title:

Investigator:

Purpose: You are being asked to be a volunteer in a research study. The purpose of this study is

Procedures:

Restrictions: You must be a native speaker of English to participate. If you are under the age of 18, please inform the experimenter now.

Benefits: There is no direct benefit to you for participating in this study. During the debriefing phase, we will answer any questions that you may have about the research.

Payment: You will receive:

Risks/Discomforts: There is no risk or foreseeable discomfort beyond that of everday activities involved with being in this study.

Confidentiality: The following procedures will be followed in an effort to keep your personal information confidential in this study: Your identity will be held confidential; i.e. your identity will be coded by a number, not by your name. The linking information is kept separate in a locked file and identifiers will be destroyed when the study is complete. All data will be kept in a secured, limited access location. Your identity will not be revealed in any publication or presentation of the results of this research.

Costs to you: There are no costs to you for participating in this study.

Subject rights:

• Your participation in this study is voluntary. You do not have to be in this study if you do not want to be.

• You have the right to change your mind and leave the study at any time without giving a reason and without penalty

(e.g., you will not lose your class credit or compensation).

• Any new information that may make you change your mind about being in this study will be given to you.

• You will get a copy of this consent form to keep.

Questions about the study or your rights as a research subject:

• If you have any questions about this study, you may contact (principal investigator).

• If you have any questions concerning your rights as a research subject, you may contact the Chair of the Institutional Review Board, ADD NAME OF IRB CHAIR, in the Oberlin College Dean’s Office (440) 775-8410.

If you sign below, it means that you have read this consent form (or have had it read to you) and that you would like to be a volunteer in this study.

PLEASE PRINT YOUR NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SIGNATURE OF PERSON OBTAINING CONSENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_