**CONSENT FORM MODEL**

**Please do not include a copy of this exact model in your proposal. Your proposal must include a consent form that has been tailored specifically to your study. Use this basic format and wording, but modify it to be correct for your study.**

You are invited to participate in the study entitled “Anxiety at St. Mary’s College.”

We are performing research on how anxiety affects students’ lives. You will be asked to fill out three short surveys related to anxiety and your total participation time will be approximately 30 minutes. We do not foresee any risks to participating, although you may be uncomfortable answering some of the questions on the survey. You may refuse to answer any question that you do not wish to answer.

You will receive one research unit of credit in Introduction to Psychology for your participation in this research and your data will help us understand how anxiety influences students’ lives. [Alternate wording if no benefits: There is no direct benefit to you from participating in this research, but your data will help us understand how anxiety influences students’ lives.]

Because there is no identifying information on the surveys and this consent form will be in no way linked to your surveys, your answers to the survey questions will be anonymous. [Alternate wording if data is not anonymous: We will be collecting some information that may mean you could be identified from your responses. To protect your confidentiality, researchers will keep all data stored on a password protected computer and only the researchers will have access to the data. We will remove any identifiers from the data at the conclusion of data collection.] [Alternative wording if recordings are made: You may be audiotaped/videotaped as part of this study. To protect your confidentiality, researchers will keep all recordings on a password protected computer and only the researchers will have access to the recordings. Identifying information will be removed from any transcriptions of the recordings. At the conclusion of the research, all recordings will be destroyed.]

If you are interested in discussing the research further please contact S. Freud at 240-555-5555 or [sfreud@smcm.edu](mailto:sfreud@smcm.edu) or 5555 Oedipus Complex, St. Mary’s City, MD 20686. If you have any questions regarding your rights as a participant in this study please contact the Chair of the Institutional Review Board at St. Mary’s College of Maryland, at [irb@smcm.edu](mailto:irb@smcm.edu), or 18952 E. Fisher Rd., St. Mary’s City, MD 20686.

Your participation in this research is voluntary and you may choose not to participate at any time. Your decision whether or not to participate will not jeopardize your future relations with St. Mary's College of Maryland.

You must be 18 years of age or older to participate in this research.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Investigator Study Participant

### Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT FORMS MUST BE RETAINED BY THE PRINCIPAL INVESTIGATOR AND A COPY MUST BE PROVIDED TO THE PARTICIPANT!**

See: <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.117>