INFORMED CONSENT TO PARTICIPATE IN A RESEARCH STUDY

You are being asked to take part in a research study.
Before you decide to participate, please read the following information carefully.

STUDY TITLE: [Insert Title Here]

Researcher: [Researcher Name], [Affiliation or Institution]
Contact: [Email], [Phone Number]

STUDY PROCEDURES AND USE OF DATA

You will be asked to participate in [brief description of the study activities]. These activities may include [e.g., surveys, interviews, etc.], and will take approximately [duration].
The information collected will be used for [brief description of purpose]. The aggregated results may appear in conference presentations, journal articles, and other professional distribution outlets

COMPENSATION/INCENTIVES

[Specify if participants will receive any compensation or incentive, such as gift cards, reimbursement, or none.]

VOLUNTARY PARTICIPATION

Your participation is completely voluntary. You may withdraw from the study at any time, without any penalty or loss of benefits.

QUESTIONS OR CONCERNS

If you have questions about the study, contact:
[Researcher Name], [Affiliation]
Email: [Researcher Email]
Phone: [Researcher Phone Number]

If you have concerns about your rights as a research participant, you may contact the Office of Research Integrity and Compliance at New Mexico State University: Phone 575-646-7177, Email ric_admin@nmsu.edu.

INFORMED CONSENT (written or typed)

Participant's First and Last Name (Printed): _____

Participant's Signature: _____ Date: _____

Researcher's First and Last Name (Printed): _____

Researcher's Signature: _____ Date: _____

INFORMED CONSENT [online surveys]

By clicking “agree” below, you confirm that:

- You have read and understood this consent form.
- You have had the opportunity to ask questions.
- You voluntarily agree to participate in this study.

- ❑ Agree and continue
- ❑ Decline (survey ends)