

[PROJECT TITLE HERE]

[INSERT STUDENT NAME AND DEPARTMENT HERE]

[INSERT STUDENT E-MAIL ADDRESS AND PHONE NUMBER HERE]

Faculty Sponsor: **[INSERT FACULTY NAME HERE], [MAILING ADDRESS, PHONE NUMBER, AND EMAIL ADDRESS].**

You are being asked to take part in a study for a University of Rhode Island student project. The purpose of this project is to learn more about **[INSERT PROJECT TOPIC HERE]**. If you choose to take part, we will ask you to **[DESCRIBE PARTICIPANT'S ACTIVITY HERE]**. We expect that it will take about **[APPROXIMATE TIME LENGTH]** of your time to complete **[a questionnaire, interview, survey, focus group, etc.]**. You may contact the faculty member at the above address and phone number to discuss the project.

The survey is anonymous. There are no known risks or benefits to participating in this project. The information you provide today will not be shared outside of the classroom or university setting.

Your participation in this project is voluntary. You may decide not to participate, choose not to answer any question, or stop participating at any time without any penalty. If you want to withdraw from the project, simply stop participating. If you have any questions, contact the faculty member listed above. Your decision whether or not to participate will have no effect on your relationship with University of Rhode Island or **[INSERT NAME OF ANY OTHER INVOLVED ORGANIZATION HERE]**.

If you have any questions about the study, please call **[INSERT NAME HERE]** at **[PHONE NUMBER]** or send an email to **[EMAIL ADDRESS]** or by mail at **[INSERT ADDRESS HERE]**.

This is NOT a research study. It has not been reviewed and approved by the University's Institutional Review Board (IRB). This is a student project for educational use only.

By participating in this activity, you are attesting that you are over the age of 18 and agreeing to participate.