

CONSENT

My name is XXX. I am a graduate student in the XXX program at Alcorn State University. I am conducting research as part of my master's project and want to ask for your help. Attached is a short survey regarding xxx. It will take you about XX minutes to complete.

Your participation is completely voluntary, and there are no negative consequences if you decide not to participate. You may withdraw from this research at any time without consequences. If you choose to participate in the research, you do not have to answer any questions or questions that make you feel uncomfortable or that you do not want to answer. Please complete the survey being careful not to place your name or any identifiable information on the survey. If you do complete the survey, please return it in the envelope provided (*adjust to fit your methods*). *If you do not want to complete the survey, just return the blank form and envelope to me now (optional statement)*. All the information collected will be confidential and kept in a secure location. By filling out the survey you are consenting to participate in the research.

The results of my research will be available XXX (e.g. after July 1) (*or list where they will be available*). If you would like a copy of the results of my research or have any questions, please contact me at xxx-xxxx or my adviser, Dr. XXX XXX, at 601-877-xxxx.

This project has been approved by the ASU IRB. Please keep this letter for your records. Thank you for your participation.