

CONSENT

My name is XXX. I am a graduate student in the XXX Program at the Alcorn State University. I am currently working on my master's project and would greatly appreciate your help. The purpose of this research is to understand student opinions and behaviors in topics related to gender, relationships and sexual violence.

Your participation will involve responding to survey questions and should only take about XX minutes to complete. Your involvement in this research project is completely voluntary, and you may choose to withdraw at any time. The results of the research project may be published, but no personally identifying information will be collected or recorded. Your answers will be kept confidential and secured in a locked office (*or cabinet, etc.*).

The findings from this project will provide information on college students' experiences of and attitudes about sexual behaviors. The survey will ask you questions about your own personal experiences with the topics listed in the first paragraph, and some people might consider this content sensitive or even offensive. You can skip questions that make you uncomfortable, or you can stop taking the survey at any time for any reason without consequence. Your decision to not participate or to withdraw from participation in this research will not result in a negative impact on your grade, class participation, or with your standing at the University.

If you chose to complete the survey, seal it in the (*enclose/attached*) blank envelope being careful not to place your name or identifying information on the envelope. Return the envelope to the (*collection box at the front of the room {describe the secure location and/or method for collection here}*).

Possible risks of taking the survey are emotional discomfort. If after taking the survey, you are left with any emotional discomfort, please contact the ASU counseling center at 601-877-, xxxx. The results of my research will be available XXX (e.g. after July 1). If you would like to see a copy of these results, or if you have any questions regarding the project or your participation, you can contact me at XXX or my adviser, Dr. XXX, at 601-877-xxxx.

The project has been reviewed by the ASU Institutional Review Board. By answering questions in the survey and returning it to me today by placing it in the box at the front of the classroom, you are agreeing to participate in this project.

Please keep this consent for your records. Thank you for your participation, it is greatly appreciated.