

**Consent Form**  
**Bard College [XXXXXXXXXX] Program**

Title of the Study: [insert study title]

Researcher Name or Names: [insert researcher name or names and contact information, plus advisor name(s) and contact information if applicable]

The general purpose of this research is to [insert a very brief sentence describing the general purpose of the research. Be aware that in instances where you are withholding some or all information about the purpose or predictions, you can omit this sentence altogether]. Participants in this study will be asked to [insert a sentence describing the general procedure of the research]. Findings from this study will be used [insert a sentence describing where the findings will be presented. Will they appear in a senior thesis? A scholarly publication? A research conference? A class presentation? A presentation to the administration? etc. It is a good idea to be as thorough as possible. For example, if there is even a remote chance that findings may be published in a scholarly journal, state that here.]

I hereby give my consent to participate in this research study. I acknowledge that the researcher has provided me with:

- A. An explanation of the study's general purpose and procedure.
- B. Answers to any questions I have asked about the study procedure.

I understand that:

- A. My participation in this study will take approximately [insert duration].
- B. The probability and magnitude of harm/discomfort anticipated as a result of participating in this study are not greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests. [If any greater-than-minimal risks are anticipated (e.g., physical pain, emotional distress), replace this sentence with "Participating in this research may result in" and list the anticipated risks.]
- C. The potential benefits of this study include [briefly describe the study's potential benefits to participants and others, not including compensation (e.g., educational benefits). If there is no expected benefit, replace this sentence with "There are no expected benefits associated with my participation."]
- D. I will be compensated for participating in this study with [insert the form and amount of compensation, or replace this sentence with "I will not be compensated for participating in this study."]
- E. My participation is voluntary, and I may withdraw my consent and discontinue participation in the study at any time. My refusal to participate will not result in any penalty or disadvantage. I understand that I will only receive credit or payment upon completion of the study.
- F. Some aspects of the study purpose/procedure may be withheld from me until its end. What the investigators hope to learn from this study, the specific nature of and reasons for the procedure employed, and those aspects of my behavior that have been recorded for measurement purposes will all be fully explained to me at the end of the study. After the study's purpose and procedure have been fully explained to me, I may, for any reason, choose to withhold use of any data provided by my participation, without penalty. [If you have explained the full and true purpose of the study and its procedures to participants above, you may omit Part F of the consent form.]
- G. My responses in this study will be kept confidential, to the extent permitted by law. The data will be stored in a secure location [state where; for example, a password-protected computer], will be available to [state who will have access to the data], and research reports will only present findings on a group basis, without any personally identifying information. [If you plan to quote individual participants or identify them by name, then revise this point appropriately.]

H. My responses in this study will be kept confidential, to the extent permitted by law. The data will be stored in a secure location [state where; for example, a password-protected computer], will be available to [state who will have access to the data], and research reports will only present findings on a group basis, without any personally identifying information. [If you plan to quote individual participants or identify them by name, then revise this point appropriately.]

By signing below, you certify that you are **18 years of age or older**, have read and understand your rights, and that you consent to participate in this online research study. If you have any questions about the study, you may contact [researcher with email] or [advisor with email]. If you have questions about your rights as a participant, please contact the Bard College IRB at [irb@bard.edu](mailto:irb@bard.edu)

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_