This consent form is appropriate for anonymous survey research using Qualtrics. Replace/delete all text in red with information specific to your research.

**Western Carolina University**

**Consent Form to Participate in a Research Study**

**Project Title:** [Insert project title]

**This study is being conducted by**: [Insert researcher names and credentials. If this is a student project include the name of the faculty advisor]

**Description and Purpose of the Research:** You are invited to participate in a research study about [general description of study]. By doing this study we hope to learn [general description of study goals]

**What you will be asked to do:** You will be asked to fill out a survey that asks about [description of questions asked]. It will take approximately [x] minutes. No identifying information will be collected.

**Risks and Discomforts:** There are no anticipated risks from participating in this research. We anticipate that your participation in this survey presents no greater risk than everyday use of the Internet.

**Benefits**: There are no direct benefits to you for participating in this research study. The study may help us better understand [Briefly describe the benefits to participants (if any) and society – this section should match the benefits described in the application.]

**Privacy/Confidentiality/Data Security:** The data collected in this study are anonymous. This means that not even the research team can match you to your data. We will collect your information through a survey, using the Qualtrics platform. This information will be stored in the Qualtrics secured cloud.

The research team will work to protect your data to the extent permitted by technology. It is possible, although unlikely, that an unauthorized individual could gain access to your responses because you are responding online. This risk is similar to your everyday use of the internet.

**Voluntary Participation:** Participation is voluntary, and you have the right to withdraw your consent or discontinue participation at any time without penalty. If you choose not to participate or decide to withdraw, there will be no impact on your [grades/academic standing, employment, access to medical care][If applicable, describe how individuals may withdraw from the study]

**Compensation for Participation:** There is no compensation for participation.

**Contact Information:** For questions about this study, please contact [name of researcher] at [phone and/or email contact information]. You may also contact Dr. [insert faculty PI name], the principal investigator and faculty advisor for this project, at [contact information].

**If you have questions or concerns about your treatment as a participant in this study, you may contact the Western Carolina University Institutional Review Board through the Office of Research Administration by calling 828-227-7212 or emailing irb@wcu.edu. All reports or correspondence will be kept confidential to the extent possible.**