MARQUETTE UNIVERSITY RESEARCH INFORMATION SHEET

*Study Title*

Principal Investigator Name

Department

You have been asked to participate in a research study. You must be age 18 or older to participate. The purpose of this study is (clearly and simply state study purpose). The study involves (describe procedures) and will take about (amount of time) to complete. You will be asked to answer questions about (describe topics here-make sure to include any potentially sensitive topics). (If deception is involved please state this.) Your name and other identifying information, including IP address, (will/will not) be collected. (If audio/video recording interviews please state this.) Your responses will be (anonymous/kept confidential). The risks associated with this project are minimal and there are no direct benefits to you. (include the following if conducting online surveys: Collection of data and survey responses using the internet involves the same risks that a person would encounter in everyday use of the internet, such as hacking or information unintentionally being seen by others.) Your participation is completely voluntary and you may withdraw from the study at any time. You can skip any questions you do not wish to answer. Your decision to participate will not impact your relationship with Marquette University (include if applicable: or your instructors/employers).

If you have any questions about this study, you can contact (PI’s name) at (PI phone number) or (PI email). If you have questions or concerns about your rights as a research participant, you can contact Marquette University’s Office of Research Compliance at (414) 288-7570.

Thank you for your participation.