**Sample Participant’s Informed Consent**

By my signature on this form I acknowledge the following:

1. My participation is strictly voluntary, and I understand that I may choose to respond to any, all, or none of the questions asked in the group.
2. I have been assured that my responses will remain strictly confidential with regard to my identity.
3. I understand the research requirement that the group interview be audio taped and that no identifying information will be associated with individuals in the study.
4. I understand that I will not receive any direct personal rewards from participating in this study and my participation will not affect my occupational or student standing.
5. I have the opportunity of seeing the results of this study if I so request.

 Participant Date

 Principal Investigator

Phone number of Principal Investigator: Email:

\*I request a copy of the research results be sent to me at the following address:

**ANY QUESTIONS REGARDING YOUR RIGHTS AS A RESEARCH SUBJECT MAY BE ADDRESSED TO THE WILMINGTON UNIVERSITY COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS. PLEASE SEND QUESTIONS TO (302) 295-1126 OR DOCTORATE@WILMU.EDU OR THE OFFICE OF WILMINGTON UNIVERSITY DOCTOR OF EDUCATION PROGRAM, HUMAN SUBJECT COMMITTEE AT WILSON GRADUATE CENTER, 31 READS WAY, NEW CASTLE, DE 19720.**

**ALL RESEARCH PROJECTS THAT ARE CARRIED OUT BY INVESTIGATORS AT WILMINGTON UNIVERSITY ARE GOVERNED BY REQUIREMENTS OF THE UNIVERSITY AND STATE AND THE FEDERAL GOVERNMENT.**