**In Person Survey Prospective Agreement Form**

**STUDY TITLE**

**STUDY #: (i.e. FY17-18-0000)**

**Instructions:** Statements *[in brackets and* *italics]* are instructions or examples. Do not include them in the final version of the prospective agreement form.

We are asking you to take part in a research study being done by *[list researcher’s name]* a *[faculty member, staff member, or student]* at Montclair State University. Being in this study is optional.

If you choose to be in the study, you will complete a survey. This survey will help us learn more about *[briefly describe the purpose of the research]*. *[Optional: If unclear, explain why subjects are being asked to participate and/or how they were selected.]* The survey will take about *[XX minutes or hours]* to complete.

You can skip questions that you do not want to answer or stop the survey at any time. *[Optional, if applicable]:* The survey is anonymous, and no one will be able to link your answers back to you.

*[The following are elements you may consider including if applicable]:*

* Compensation: To compensate you for the time you spend in this study, you will receive (*describe compensation, including amount, type, and distribution method/timeline here. If there is no compensation, please state that).*
	+ *For compensated studies, please also state whether participants will be eligible for compensation if they withdraw from the study prior to its completion. If compensation is pro-rated over the period of the participant's involvement, indicate the points/stages at which compensation changes during the study.*
	+ *When listing that participant may be entered into a drawing for a gift, describe approximately when that drawing will take place.*
* Likely Risks:You may feel/experience *[Describe foreseeable risks or discomfort to participants, including physical, psychological, social, economic, criminal or civil liability, employability, or reputation risks. Do* ***NOT*** *use any jargon or technical language.]*
* Benefits:You may benefit from this study *[by/through/because…]* Others may benefit from this study *[by/though/because…]*
* *[If identifiers will be collected, state:]* Confidentiality: We will keep who you are confidential.

Questions about the study? Please contact *[researcher’s name, position at University, department and college]* at *[contact info]* or *[Faculty Sponsor name,* p*osition at University, department and college]* at *[contact info]*

If you have questions or concerns about your rights as a research participant, you can call the Montclair Institutional Review Board at 973-655-7583 or email reviewboard@montclair.edu

This study has been approved by the Montclair State University Institutional Review Board.