

Hamilton College
198 College Hill Rd.
Clinton, NY 13323

Psychology Department

Sample Participant Consent Form

Purpose:

The purpose of this study is to examine the types of thoughts a person may experience while performing a task. The study is part of XXX senior thesis in psychology, under the supervision of Professor ZZZ.

Procedure:

If you agree to be in this study, you will be asked to do the following:

1. Listen to approximately 13 minutes of music (36 short melodies).
2. Report the emotion you associate with the music.
3. Complete a questionnaire in which you rate the frequency with which you have had certain types of thoughts.

The total time required to complete the study should be approximately 30 minutes. You will receive extra credit in your psychology course for participating and have your name put in a lottery for prize money.

Benefits/Risks to Participant:

Participants will learn about the empirical methodologies of and will help contribute to the body of knowledge in psychology. Risks include any discomfort you may feel while listening and rating the melodies, or responding to personal questions.

Voluntary Nature of the Study/Confidentiality:

Your participation in this study is entirely voluntary and you may refuse to complete the study at any point during the experiment, or refuse to answer any questions with which you are uncomfortable. You may also stop at any time and ask the researcher any questions you may have. Your name will never be connected to your results or to your responses on the questionnaires; instead, a number will be used for identification purposes. Information that would make it possible to identify you or any other participant will never be included in any sort of report. The data will be accessible only to those working on the project.

Contacts and Questions:

At this time you may ask any questions you may have regarding this study. If you have questions later, you may contact XXX at 555-555-5555 or XXX@hamilton.edu, or her faculty supervisor, ZZZ at 555-555-5555 or ZZZ@hamilton.edu. Questions or concerns about institutional approval should be directed to Rachel White, Chair of the Institutional Review Board for Human Subjects, 315-859-4518 or iboard@hamilton.edu.

Statement of Consent:

I have read the above information. I have asked any questions I had regarding the experimental procedure and they have been answered to my satisfaction. I consent to participate in this study.

Name of Participant _____ Date: _____
(please print)

Signature of Participant _____

Age: _____ (Note: You must be 18 years of age or older to participate in this study. Let the experimenter know if you are under 18 years old.)

Thanks for your participation!