

Page 1

Software Developers Acquire A Code of Ethics

CONSENT FORM

I have read the attached one-page "Research Protocol". I understand that my participation in this research is voluntary and that I may withdraw from participation at any time without penalty.

As an interviewee, I will spend a couple of hours in an open-ended interview guided by some prepared questions. I may respond to any follow-up questions submitted to me by mail, e-mail, phone, or fax. I know that I will have an opportunity to check the interviewer's record and correct any errors.

I have reviewed the procedures for maintaining confidentiality outlined in the attached "Research Protocol" and am in agreement with its procedures. I understand that my responses will become part of a research archive that will be made available to other researchers. My name and other identifying information will become part of that archive on January 1, 2020. After that date, the archive, including my name and identifying information, will be made available to the general public.

I understand that participation involves no foreseeable risks or discomforts beyond any associated with the effort of cooperating with the interviewers to answer questions related to work on the SEEPP task force and the drafting of the IEEE-CS/ACM code. Any benefits to me derive from the increased understanding that the research may provide.

Research procedures have been explained to me, and I have a satisfactory understanding of them. Any further questions about the research and my rights as a participant will be answered by contacting the project director, Dr. Vivian Weil, in the Center for the Study of Ethics in the Professions at (312) 567-3472.

I understand that the Illinois Institute of Technology (IIT) is not responsible for any injuries or medical conditions I may suffer during the time I am a subject of their research, unless those injuries or medical conditions are due to IIT's negligence. I may address questions and complaints to Mary T. Spina, CRA, Executive Office of IIT Institutional Review Board at (312) 567-3035.

I have read the material above and any questions I asked have been answered to my satisfaction. I agree to participate in this activity, realizing that I may withdraw without penalty at any time.

*I have received a copy of this consent form.

[Signature]
Subject

11/11/02
Date

Witness: [Signature]

*This consent form is valid only if stamped by Executive Officer of IIT IRB.

11/11/02
APPROVED
EXECUTIVE OFFICER
IIT/IRB