EXPERIMENT NAME HERE

Participant Informed Consent Form

**Spring 2020**

Please read the following material that explains this research study. Signing this form will indicate that you have been informed about the study and that you want to participate. We want you to understand what you are being asked to do and what risks and benefits—if any—are associated with the study. This should help you decide whether or not you want to participate in the study.

You are being asked to take part in a research project for the CU PSYC4165-100 course (“The Psychology of Perception”) under the guidance of Professor Lewis O. Harvey, Jr., Department of Psychology and Neuroscience, University of Colorado. He can be reached at 303-492-8882 or [lewis.harvey@colorado.edu](mailto:lewis.harvey@colorado.edu). The CU students conducting this experiment are:

YOUR NAMES HERE

**Project Description:**

This study is about our normal perceptual processes. ADD ONE OR TWO SENTENCES DESCRIBING THE NATURE OF THE SPECIFIC EXPERIMENT.

You are being asked to be in this study because I am/we are (a) student(s) at the University of Colorado enrolled in the course *Psychology of Perception* and as part of the class we design and carry out an original experiment. It is entirely your choice whether or not to participate in this study. Approximately 9-12 people will be invited to participate in this research study.

**Procedures:**

If you agree to take part in this study, you will be shown a series of visual and/or auditory stimuli and asked to make judgments about them.

**Risks and Discomforts:**

There are no known expected discomforts or risks involved in your participation. This statement is based on a large body of experience with similar tasks.

**Benefits:**

The benefits of being in this study include an improved understanding of methods used in psychological research.

**Source of Funding:**

There is no external source of funding for this project.

**Ending Your Participation:**

You have the right to withdraw your consent or stop participating at any time. You have the right to refuse to answer any question(s) or refuse to participate in any procedure for any reason. Refusing to participate in this study will not result in any penalty or loss of benefits to which you are otherwise entitled.

**Confidentiality:**

We will make every effort to maintain the privacy of your data. Confidentiality will be ensured by using participant code numbers, rather than names, on all documents and by keeping the key linking participant names to code numbers in a locked file cabinet or its equivalent.

Other than the researchers and their collaborators, only regulatory agencies such as the Office of Human Research Protections and the University of Colorado Human Research Committee may see your individual data as part of routine audits.

**Questions?**

If you have any questions regarding your participation in this research, you should ask the investigator before signing this form. If you should have questions or concerns during or after your participation, please contact Lewis Harvey at 303-492-8882 or at lewis.harvey@colorado.edu.

If you have questions regarding your rights as a participant, any concerns regarding this project or any dissatisfaction with any aspect of this study, you may report them–confidentially, if you wish–to the Institutional Review Board, 3100 Marine Street, Rm A15, 563 UCB, (303) 735‐3702.

**Authorization:**

I have read this paper about the study or it was read to me. I know the possible risks and benefits. I know that being in this study is voluntary. I choose to be in this study. I know that I can withdraw at any time. I have received, on the date signed, a copy of this document containing 2 pages.

Name of Participant (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Also initial all previous pages of the consent form.)