**Student Confirmation Form**

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| **Course Number & Title:** |  |
| **Course Director:** |  |

I agree to keep all information collected during this study confidential, and will not reveal by speaking, communicating or transmitting this information in written, electronic (disks, tapes, transcripts, email) or any other manner to anyone outside the research team. Further, I agree that final disposition of all data must be in accordance with the approved protocol and/or agreement with the Course Director.

I am familiar with the Tri-Council Policy statement and have been apprised of my responsibilities with respect to the ethical conduct of research involving human participants and adhering to the approved protocol. I have disclosed any real, potential or perceived COI (conflicts of interest) to the Course Director and will inform the Course Director should a COI arise such as a change in responsibilities or financial circumstances.

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| Name of Student: |  |
| Signature of Student: |  |
| Date: |  |