

Participant Number for this trial:

## Consent form

Title of Project: Program Comprehension with Eye Tracking

Name of Researcher:

1. I confirm that I understand and agree that my collected data in this study (eye positions on the screen and timestamp through an eye tracker) will be used for academic purposes ONLY. I give my permission for the individuals involved in this research to have access to my records.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason
3. I agree to take part in the above study.

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Name of Participant

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Date

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Signature