

**North Carolina State University**  
**INFORMED CONSENT FORM for RESEARCH**

Security Policy Design Study

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Faculty Sponsor: Munindar P. Singh

**What are some general things you should know about research studies?**

You are being asked to take part in a research study. Your participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate or to stop participating at any time without penalty. The purpose of research studies is to gain a better understanding of a certain topic or issue. You are not guaranteed any personal benefits from being in a study. Research studies also may pose risks to those that participate. In this consent form you will find specific details about the research in which you are being asked to participate. If you do not understand something in this form it is your right to ask the researcher for clarification or more information. A copy of this consent form will be provided to you. If at any time you have questions about your participation, do not hesitate to contact the researcher(s) named above.

**What is the purpose of this study?**

The purpose of this study is to compare and evaluate different approaches to design and maintain security policies.

**What will happen if you take part in the study?**

If you agree to participate in this study, you will be asked to:

1. Read instructions (10 minutes)
2. Go through the tutorial and define policies for Scenario A (35 minutes)
3. Define policies for Scenario B (35 minutes)
4. Define policies for Scenario C (35 minutes)
5. Complete the post-participation survey (5 minutes)

The total duration of the study is 120 minutes.

**Risks**

The study requires the subject to sit and work for two hours at a stretch. In case you are not comfortable sitting at one place for long hours, you can take a short break any time and continue the study at a later point of time after the break.

**Benefits**

Through the study the researcher aims to compare and evaluate a new approach to design and maintain security policies with existing approaches. The study does not guarantee any direct benefit to the subject apart from the monetary compensation. In terms of knowledge gained, the subject may learn an alternate approach to define security policies that he or she may not be aware of.

**Confidentiality**

The information in the study records will be kept confidential to the full extent allowed by law. Data will be stored securely in servers kept in Room#2261, Service-Oriented Computing Lab, Department of Computer Science, North Carolina State University, 890 Oval Drive, Raleigh NC 27606. No reference will be made in oral or written reports which could link you to the study. You will NOT be asked to write your name on any study materials so that no one can match your identity to the answers that you provide

**Compensation**

For participating in this study you will receive \$20. If you withdraw from the study prior to its completion, you will not receive any compensation.

**What if you are a NCSU student?**

Participation in this study is not a course requirement and your participation or lack thereof, will not affect your class standing or grades at NC State.

**What if you are a NCSU employee?**

Participation in this study is not a requirement of your employment at NCSU, and your participation or lack thereof, will not affect your job.

**What if you have questions about this study?**

If you have questions at any time about the study or the procedures, you may contact the researcher, Nirav Ajmeri, at the address: Room#2261, Service-Oriented Computing Lab, Department of Computer Science, North Carolina State University, 890 Oval Drive, Raleigh NC 27606, or phone: 919-449-8308.

**What if you have questions about your rights as a research participant?**

If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Deb Paxton, Regulatory Compliance Administrator, Box 7514, NCSU Campus (919/515-4514).

**Consent To Participate**

"I have read and understand the above information. I have received a copy of this form. I agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time without penalty or loss of benefits to which I am otherwise entitled."

Subject's signature \_\_\_\_\_ Date \_\_\_\_\_  
Investigator's signature \_\_\_\_\_ Date \_\_\_\_\_