



THE UNIVERSITY OF BRITISH COLUMBIA

Department of Computer Science
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March 3rd, 2017

Certification form of project Dream Album

Human-Computer Interaction Course Projects (ELEC518)

Principal and Co-Investigators

Dr. Sidney Fels, Prof., Dept. of Electrical & Computer Engineering, UBC (604) 822-5338

Student Investigators

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Project Purpose and Procedures

This course project is designed to investigate how people interact with Dream Album system. Dream Album system is a system that try to help people to recall the dreams they have, and log them like a diary.

The purpose of this course project is to gather information that can help improve the design of the system. You will be asked to use one or more questions of the Dream Album system, and perform a number of tasks. We will observe you performing those tasks and analyze how the technology is used. You may be asked to complete one questionnaire and we may ask to interview you to find out your impressions of the technology.

You will be asked to participate in at 1 session, lasting no more than 3 hour. The sessions may also be videotaped. Videotapes will be used for analysis and other research communications. You have the option not to be videotaped.

Confidentiality

The identities of all people who participate will remain anonymous and will be kept confidential. The one exception is that excerpts from the videotape may be presented as described above, and your identity may be revealed through those video excerpts. Identifiable data and videotapes will be stored securely in a locked metal filing cabinet or in a password protected computer account. All data from individual participants will be coded so that their anonymity will be protected in any reports, research papers, thesis documents, and presentations that result from this work.

Remuneration/Compensation

We are very grateful for your participation. However, you will not receive compensation of any kind for participating in this project.

Contact Information About the Project

If you have any questions or require further information about the project you may contact Dr. Sidney Fels (604) 822-5338

Contact for information about the rights of research subjects

If you have any concerns about your treatment or rights as a research subject, you may contact the Research Subject Information Line in the UBC Office of Research Services at 604-822-8598.

Consent

We intend for your participation in this project to be pleasant and stress-free. Your participation is entirely voluntary and you may refuse to participate or withdraw from the study at any time.

Your signature below indicates that you have received a copy of this consent form for your own records.

Your signature indicates that you consent to participate in this project. You do not waive any legal rights by signing this consent form.

I, _____, agree to participate in the project as outlined above. My participation in this project is voluntary and I understand that I may withdraw at any time.

Participant's Signature	Date
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Student Investigator's Signature	Date
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