SANTA CLARITA COMMUNITY COLLEGE DISTRICT
RESEARCH SUBJECT INFORMED CONSENT FORM FOR
NON-MEDICAL RESEARCH

Protocol ID:	
Protocol Title:	
Principal Investigator:	
Institutional Affiliation:	
Sponsor:	

NOTE: All sections below should match the Informed Consent Form submitted to the District's IRB via the online submission process.

Purpose
(Provide an explanation, in lay language, of the basic purpose of the study.)

Procedures
(Briefly describe the procedures involved in the study. For example, describe any survey or focus group procedures, including how much time is required of the subjects. Also, include any additional data collection such as grades or ethnicity.)

Benefits

(Describe any benefits that participants may receive as a result of participating in the study. Most likely there will be no direct benefit; however, there may be a future benefit to students or education (e.g., future student services may be redesigned to benefit student access to online services).

Risks

(Describe any reasonably foreseeable risk, discomfort, inconvenience, etc. and how these potential events will be managed. Investigators do not need to list every possible study risk or discomfort that could occur. Comprehension is usually inversely related to the amount of information presented to include only the things you think are important for a potential participant to remember.)

Confidentiality
(Describe how you will protect subjects' identity and any data collected for the purposes of the study.)

Right to Refuse or Withdraw
*(Describe subjects' right to withdraw from the study.) For example…*You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

Contact Information

(Provide the Principal Investigator and District IRB contact information). For example, If you have questions regarding your participation in this research study or if you have any questions about your rights as a research subject don't hesitate to speak with the Principal Investigator. You may reach the PI at *[insert name] (insert phone number).* Concerning your rights as a research subject, you may also contact: Dr. Daylene Meuschke, Santa Clarita Community College District's IRB Co-Chair at 661-362-5329.

By signing this consent form, you acknowledge that you have had adequate opportunity to contemplate participation in this program, have read the consent form, your questions have been answered, and you have decided to volunteer and that you agree to participate in this study.

By signing this document, you have not waived any legal claims, rights or remedies that you would otherwise have as a participant in a research study under the regulations for the protection of human subjects.

A copy of this consent form will be given to you. The Principal Investigator is responsible for ensuring all participants enrolling in this study have provided informed consent. The PI may authorize other appropriately trained individuals to obtain informed consent. The individual signing below should be the person obtaining consent.

_____	_____	_____
Name of Subject (Please Print)	Signature of Subject	Date

_____	_____	_____
Name of Witness/Investigator (Please Print)	Signature of Witness/Investigator	Date

(Witness attests that the information in the consent form, and any other written information, was accurately explained to and apparently understood by the subject or the subject's legally authorized representative, and that informed consent was freely given by the subject or the subject's legally authorized representative.)