**Consent for Participation in Doctoral Research:**

**Questionnaire Version**

You are being asked to volunteer to participate in a research effort conducted by \_\_\_\_ [researcher’s name], a student at Southwestern Assemblies of God University (SAGU). This study is designed to gather information about \_\_\_\_ [briefly specify topic or state dissertation/project title], under the supervision of Dr. \_\_\_\_ [research supervisor]. You will be one of approximately \_\_\_\_ people participating in this study.

During this study:

1. Your participation in this project is voluntary; you will not be paid for your participation. You may withdraw from the study at any time without penalty or harm of any type. If you decline to participate in or withdraw from the study by not completing the questionnaire, no one will be informed of this decision by the researcher, and no foreseeable negative consequences will result.
2. Completing the questionnaire will require approximately \_\_\_\_ minutes. There are no known risks associated with completing the questionnaire. If, however, you feel uncomfortable in any way during this process, you may decline to answer any question, or not complete the questionnaire.
3. The researcher will not identify you by name in any reports using information obtained from your questionnaire; your confidentiality as a participant in this study will remain secure. Subsequent uses of data generated by this questionnaire will protect the anonymity of all individuals.
4. This research effort has been reviewed and approved by the Institutional Review Board (IRB) at SAGU. For research-related problems or questions regarding ethical research practices, the IRB may be contacted at irb@sagu.org.

**By completing and returning the questionnaire, you are indicating that you understand the four statements above, and consent to participate in this study.**

This document is yours to keep for future records. [for paper questionnaires only, presented as a cover sheet]

For further information, including a copy of the results of this study, please contact:

\_\_\_\_ [Name of Researcher]

\_\_\_\_ [Contact Information for Researcher]