# **Student Assent Form**

University of Texas Permian Basin

[Your Department]

[IRB Approval Number]

## **Project Title: [Title of Your Research Study]**

Principal Investigator: [Your Name]

Faculty Advisor (if applicable): [Advisor's Name]

Introduction:

I am inviting you to participate in a research study. Before you decide whether or not you want to participate, it is important that you understand why the research is being done and what it will involve. Please read the following information carefully. If you have any questions, feel free to ask.

Purpose:

The purpose of this study is to [briefly describe the main goals and objectives of the research].

Procedures:

You will be asked to [briefly describe the tasks or activities the participant will be involved in]. This may include [specific details about the research procedures].

Risks and Benefits:

There are [mention any potential risks, if applicable]. However, it is expected that the benefits of this research may include [mention any potential benefits, if applicable].

Confidentiality:

Your identity will be kept confidential to the extent permitted by law. Your name will not be used in any reports or publications.

Voluntary Participation:

Your participation in this study is entirely voluntary. You may refuse to participate or withdraw from the study at any time without penalty or loss of benefits to which you are otherwise entitled.

## **Assent Statement**

I have read the information provided above. I understand the purpose of the research and the procedures involved. I am aware of any potential risks and benefits associated with my participation. I understand that my participation is voluntary, and I can withdraw at any time without any negative consequences.

By signing below, I indicate that:

* I freely and voluntarily agree to participate in this research study.
* I have had the opportunity to ask questions and have received satisfactory answers.

Participant's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (if 18 years or older): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Consent (if participant is under 18 years old):

I, the undersigned, have read the information provided above and give my permission for my child to participate in this research study.

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a copy of this form for the participant to keep.

If you have any further questions or concerns, please contact:

[Principal Investigator's Contact Information]

Thank you for your participation.