NICHOLLS STATE UNIVERSITY

HUMAN SUBJECTS INSTITUTIONAL REVIEW BOARD

Consent to Act as a Human Subject (Short Form)

Subject's Name: (Print) ____________________________

I hereby consent to participate in the research project entitled ___________________________
_____________________________________________________________________________

_____________________________________________________________________________

An explanation of the procedures and/or activities and their purpose, including any experimental
procedures, were provided to me in an oral presentation by:______________________________

I was also informed about any potential benefits, risks, or discomforts I might experience as a
result of my participation in this research. I was provided an opportunity to ask any questions
prior to consenting to act as a subject in this research. I was informed and understand that I am
free to withdraw my consent to participate in this research without fear of penalty or prejudice.
I understand that I will not be identified by name or any other means as a participant in this
project. I was informed that I may receive a report of the results of the study and provided with a
way to contact the primary researcher.

I have been assured that the explanation I have received regarding this research and that this oral
presentation and consent form have been approved by the Nicholls State University, Human
Subjects Institutional Review Board which is charged with ensuring that research projects
involving human subjects follow Nicholls State University and relevant federal regulations. If I
have any questions about this research and/or my participation as a subject in this research, I
have been told to call the Chairperson of the Human Subjects Institutional Review Board at
(985) 448-4628.

I understand that any new information or modifications that may develop during the project will
be provided to me if that information or modification(s) of the research protocol might affect my
willingness to continue as a subject in the research project. In addition, I have been informed of
the compensation/treatment or the absence of compensation/treatment involved in this project.

Subjects Signature: ____________________________ Date of Consent: __________

Witness to Oral Presentation: ____________________________ Date: __________

If the potential subject is a minor or for some other reason unable to provide consent, complete
the following:

Subject is a minor or unable to sign because: _______________________________________

Parent or Guardian Signature: ____________________________