

# Academic Dissertation Interview Consent Form

## Researcher Details

Researcher Name:

Institution:

Contact Email:

## Project Information

Dissertation Title:

Purpose of Interview:

## Participant Consent

- ☐ I have read and understood the information provided about the study.
- ☐ I understand that my participation is voluntary.
- ☐ I understand that I can withdraw at any time without giving a reason.
- ☐ I understand that my responses will be kept confidential.

## Interview Details

Date of Interview:

Location of Interview:

Additional Notes:

## Participant Acknowledgment

Participant Name:

Signature:

Date: