

Student Research Interview Consent Form

Research Project Title:

Researcher Name:

Supervisor (if applicable):

Introduction

Purpose of the Research

Participation

- Your participation in this interview is voluntary.
- You can withdraw at any time without penalty.

Confidentiality

Risks and Benefits

Contact Information

Researcher Email:

Supervisor Email:

Consent

Please read the following statements and complete the form below to indicate your consent.

- I have read and understood the information provided above.
- I have had the opportunity to ask questions and receive answers.
- I voluntarily agree to participate in this interview.

Name of Participant:

Date:

Signature:

Researcher Name:

Date:

Researcher Signature: