

Academic Research Interview Consent Form

Study Title

Researcher(s) Name(s) and Institution

Purpose of the Study

Procedures

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Confidentiality

Voluntary Participation

Right to Withdraw

Contact Information

Consent

I have read and understood the above information. I voluntarily agree to participate in this study. I understand that I can withdraw at any time without giving a reason.

Participant Name:

Participant Signature:

Date:

Researcher Name:

Researcher Signature:

Date: