

COLLEGE OF (fill in name of your College)

DEPARTMENT OF (fill in name of your Department)

This is a sample of what to include. Format not mandatory.
All text in red should be edited/removed as appropriate to your research.

MINOR'S ASSENT

Hello,

I am (your name) a faculty/student at Dillard University and I am conducting a study on (title of study).

You are being asked to participate in a project that will be used to learn about remembering. If you agree to be part of the project, you will play three games. I will also have you wear different kinds of sunglasses to see which ones you like the most. I will also ask you questions about how you are feeling before you play. After we have played the games, you will have an opportunity to talk to Santa Claus and receive a candy cane as a thank you for participating. It will take 1 hour for you to do this project.

You do not have to do this project. You can stop whenever you want. If you do not want to play some or any of the games, it is ok, and you can go back to your classroom, and nothing bad will happen. You can refuse to do the project even if your parents say you can.

None of the teachers or other people at your school will see the answers to the questions that I ask you. All of the answers that you give me will be kept in a locked cabinet in a room at Dillard University, and only I or (my teacher or identify others working on the project) will see your answers. We are not going to put your name on the answers that you give us, so no one will be able to know which answers were yours.

If you or your parent/guardian has any questions about this form or the project, please call me at 123-4567 or my advisor, Dr. Doolittle, at 123-45676. Thank you!

If you understand the information above and want to do the project, please sign your name on the line below:

Yes, I will participate in this project: _____

Child's Name: _____

Date: _____