**

**Consent Form**

**Project Title: How Goals Motivate Academic Success**

**Principal Investigator(s)/Faculty Advisor: Melissa Reynolds, Stephanie Wisniewski/Dr. Joseph Weaver**

**Purpose of the Study**

The purpose of the research is to collect data from college students enrolled at Saginaw Valley State University (SVSU) to measure how their academic goals affect their ability to achieve academic success. Specifically, we are asking participants about their academic goals regarding obtaining a degree from SVSU and how motivated they are to achieve that goal.

**Study Procedures**

As a participant in this research study, you will complete a one-time 10-to-15-minute online survey regarding questions about your motivation to achieve academic success.Being a participant in this study you will answer a variety of questions using the Likert scale, open-ended questions, and multiple choice.

**Possible Risks**

We do not anticipate any more risks than a typical day as a student at Saginaw Valley State University.

**Participant Rights**

If you choose to be in this study, you have the right to be treated with respect, including respect for your decision whether or not you wish to continue or stop being in the study. You are free to stop being in the study at any time and to not answer any questions of your choosing without penalty. Choosing not to be in this study or to stop being in this study will not result in any penalty to you or loss of benefits to which you are otherwise entitled. Specifically, your choice not to be in this study will not negatively affect you academically.

**Benefits**

In participating in this study, you may have a better understanding of how different types of goals motivate your academic success. There is no promise or guarantee of said benefit. You may contact Melissa Reynolds or Stephanie Wisniewski at a later time for a summary of the research results.

**Confidentiality**

As a participant in this study, you will be identifiable to the extent that your name will be attached to the study through SVSUs SONA System. As researchers we promise to not divulge information regarding demographics to any other personnel. At no time will the researchers release the results of the study to anyone other than individuals working on the project without your written consent. It is possible that the Institutional Review Board (IRB) may view this study’s collected data for auditing purposes. The IRB is responsible for the oversight of the protection of human subjects involved in research. The researchers in this study are the only personnel that will have access to this data. The results will be stored until the end of the semester.

**Extra Credit**

In participating in this research, you will be granted extra credit points in one of your enrolled courses at Saginaw Valley State University. The amount of extra credit earned will be determined by the instructor of that course.

**Questions or Concerns about this Research Study**

If you have any questions, problems, illness, or injury during your time on this study, email us promptly. Melissa Reynolds and Stephanie Wisniewski are the people in charge of this research study. You can email them at mrreynol@svsu.edu or swisniew@svsu.edu. You can also email Dr. Joseph Weaver at jweaver@svsu.edu with questions about this research. You may also contact the Chair, Human Subjects Institutional Review Board (989-964-7488; irbchair@svsu.edu) if questions or problems arise during the course of the study

**Consent**

**Participant’s Responsibilities**

As a participant, you voluntarily agree to participate in this study. As a participant, you will be responsible for answering the research questions during a 10-to-15-minute period.

**Participant’s Permission**

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to participate in the research study described above and will receive a copy of this consent form after I sign it.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Participant’s Name (printed) and Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Name (printed) and Signature of Person Obtaining Consent Date

**Include ONLY if appropriate**

* For participants unable to give consent, permission is given by an authorized participant representative:

Authorized Representative (Print) Authorized Representative (Sign) Date

Include if appropriate:

My authority to sign as the subject’s authorized representative is as the (mark one):

 Parent

 Spouse

 Legal Guardian

 Authorized Agent (e.g., Health Care Power of Attorney)