

_	Identifier #

Manhattan College IRB Approval

May only be used to enroll subjects	From: To:		

INFORMED CONSENT FORM

(Involving request to access student records)

Protocol Title:					
PLEASE READ THIS DOCUME!	NT CAREFULLY BEFOR	RE YOU DECIDE TO CONS	ENT.		
Purpose of the research study:					
What you will be asked to do in the	ne study:				
Confidentiality: The data collected Your name will never be publicly as used in any report. When the study	sociated with this study a	nd your participation will be k	ept confidential. Your name will not be		
		-	ou are completely free to give consent or n in this study is not, in any way, related to		
Whom to contact if you have que	stions about the study: $ ho$	NAME:			
EMAIL:	PHONE:				
Whom to contact about your righ	ts as a research participa	ant in the study: NAME:			
EMAIL:	PHONE:				
Agreement: I have read the procedor of this description whether I agree t		untarily agree to participate in	the procedure and I have received a copy		
If you agree to participate in this	study, please check the I	ine next to each of the item	requests below, sign and date below.		
	LY FOR USE BY THE <u>Re</u>	SEARCHERS LISTED AND (SE ONLY THE BELOW CHECKED ONLY UNDER THE CONDITION THAT		
1. My Test for Readiness and Aptitu	ide in Mathematics (TRA	M) Score by chec	sking you agree to this.		
2. My current grade point average (GPA) by (checking you agree to this.			
3. My SAT scoresby	checking you agree to t	his.			
4. Other:	by checking you agre	ee to this.			
Participant:	/	/	/		
First & Last Name	Campus ID #	Signature of Consent	Date		
Principal Investigator:Co-Investigator(s):			Date: Date:		