**Amherst College  
Dean of the Faculty**

For Office Use Only

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Protocol #­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ETHICS REVIEW FORM**

**(Please type)**

Title of Research Project:

Investigator(s): email:

phone:

AC#

Printed Name and Signature of Faculty Supervisor:

**Answer questions in spaces below and/or provide numbered answers on separate sheets. Please include copies of all measures used in your experiment, as well as the informed consent document, debriefing forms, and parent permission letter (if applicable).**

1. Briefly describe the purpose of this study:

2. Participants: Describe the number and type of participants, the source from which they will be recruited, the method of recruitment. [Those under age 18, except college students, require written parent permission.]

Amount of time needed per participant:

3. Describe the procedure (what participants will be asked to do) in detail:

4. If the research requires any deception, provide explicit justification:

5. Risk to participants: Given the fact that in any study it is possible for participants to experience some degree of discomfort, anxiety, concern about failure, etc., what will you do to minimize the possibility that this will occur, and how will you deal with it if it does occur?

6. How will you obtain informed consent?

[Describe procedure, and attach copies of forms or letters]

7. How will you debrief participants?

[Describe procedure, and attach copies of debriefing letter; if the research involves any deception, specifically explain appropriate debriefing procedures]

8. Participants' rights:

A: How will privacy be guaranteed? [Please include a description of how the data will be handled and stored to insure privacy]

B: How will participants' right to terminate or refuse participation be guaranteed?

9. Ethics Training

[Please list all study personnel and the dates that each researcher completed the required ethics training program]

Name Position (e.g., faculty, Date of

student or staff) completion

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Email completed Ethics Review Form, Consent Form, and all supporting documents to Carrie Palmquist, chair of the IRB committee, at [cpalmquist@amherst.edu](mailto:mdschulkind@amherst.edu).

**AMHERST COLLEGE  
Protection of Human Subjects**

**CONSENT FORM**

Title of Study: Investigator(s):

The following informed consent is required for any person involved in research study. This study has been approved by the Institutional Review Board for the Protection of Human Subjects at Amherst College.

I understand that:

1. My participation is voluntary.

2. I may withdraw my consent and discontinue participation in this study (or any portion thereof) at any time without bearing any negative consequences. I will receive full credit for participation regardless of how much of the experiment I complete.

3. You have given me an explanation of the procedures to be followed in the project, and

answered any inquiries that I may have.

4. All of the information from this study will be strictly confidential. No names will be associated with the data in any way. Providing my address to receive a report of this research upon its completion will also not compromise the anonymity of the data. I understand that the data will be stored in locked offices and will be accessible only to members of the researching group.

5. The results of this study will be made part of a final research report and may be used in papers submitted for publication or presented at professional conferences, but under no circumstances will my name or other identifying characteristics be included.

I have reviewed the procedures to be followed and hereby give my consent to participate in this research. I also agree not to discuss the purposes and procedures of this study with anyone in order that the integrity of this research is not compromised.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date

Please send me a report on the group results of this research project upon its completion:

**YES NO**

Address to which the report should be sent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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