

RICE UNIVERSITY

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Title of Study: {will vary with specific experiment}
Principal Investigator: Michael D. Byrne
Experimenter: {will vary with specific experiment}

I agree to participate in the observational research conducted by Professors Michael Byrne or by students or staff under the supervision of Professor Byrne. I understand that the proposed research has been reviewed by the University's Institutional Review Board and that to the best of their ability they have determined that the observations involve no invasion of my rights of privacy, nor do they incorporate any procedure or requirements which may be found morally or ethically objectionable. The research involves no physical risk. If, however, at any time I wish to terminate my participation in this study I have the right to do so without penalty.

Purpose of the Study: This experiment is part of a research program designed to investigate task and interface factors which affect human performance in computer-based tasks. You will be given detailed instructions, perform the requested task, then answer some simple background questions. Your participation is likely to take approximately {30, 60 or 90} minutes. Participation should enhance your understanding of how psychological research is conducted. {In addition, for your participation, you will receive {some dollar amount depending on the study}}.

I understand that the following procedure will be used to maintain my anonymity in analysis and publications/presentation of any results: Each participant will be assigned a number, names will not be recorded. The researchers will save the data files by participant number, not by name. Only members of the research group will view the data in detail.

If you have any questions about this study, you should feel free to ask them now or anytime throughout the study by contacting:

Professor Michael Byrne
Department of Psychology, Rice University
6100 Main St., MS-25
Houston, TX 77005
+1 713-348-3770

If you would like to address concerns about your treatment as a subject with someone not involved with the research, contact Nancy Nisbett, Director of the Office of Sponsored Research (nnisbett@rice.edu or 713 348-6200).

I understand that in signing this consent form, I give Professor Byrne and his associates permission to present this work in written and oral form, without further permission from me.

Printed Name

Signature

Date