

The University of Rhode Island  
Department of Computer Science and Statistics  
251 Tyler Hall

## **Efficacy Study of the RE for yoU Site for Graphics Research**

### CONSENT FORM FOR RESEARCH

You have been asked to take part in a research project described below. The researcher will explain the project to you in detail. You should feel free to ask questions. If you have more questions later, Joan Peckham, the investigator mainly responsible for this study, (401) 874-???? will discuss them with you. You must be a participant in the RE for yoU research experience to be in this research project.

The purpose of this study is to examine whether specific efforts have been successful in furthering your education through your participation in the RE for yoU research experience.

If you decide to take part in this study, here is what will happen: Today, you will be asked to fill in a survey. This should take about 5 minutes. When you finish your RE for yoU research experience, you will be asked to fill in another survey that should take about twenty minutes. Information that we gather will later be transferred to a computerized database so that we can analyze it. Additionally, on the yearly anniversary of your completion of the RE for yoU program, we will send you an email requesting that you log on to the RE for yoU website and complete a brief online survey that should take less than a minute.

The possible risks or discomforts of the study are minimal, if any. You may feel some hesitancy answering questions about your experiences.

Although there are no known direct benefits of the study, your participation will increase knowledge about this type of research experience and your answers will help the agency that funds this program decide how well it is implemented here in Rhode Island.

Your responses to the surveys will be confidential and used only for research purposes. Records and databases will be kept confidential, and you will be provided upon your request with a locator to any publications that result from this research activity. The researchers will make no printed record of your individual survey responses, except that: anonymous excerpts may be used in the aforementioned scientific publications, but only with your expressed written consent. When the study is completed, all computer files that identify you will be archived in a manner consistent with URI policy.

Participation in this study is not expected to be harmful or injurious to you. However, if this study causes you any injury, you should write or call the office of the Vice Provost for Graduate Studies, Research and Outreach, 70 Lower College Road, University of Rhode Island, Kingston, RI, 02881; or telephone (401) 874 - 4576.

The decision to take part in this study is up to you. You do not have to participate. If you decide to take part in the study, you may quit at any time. If you wish to quit you simply inform the researcher present with you now, of your decision.

If you are not satisfied with the way this study is performed, you may discuss your complaints with the researcher, if you choose.. In addition, you may contact the office of the Vice Provost for Graduate Studies, Research and Outreach, 70 Lower College Road, Suite 2, University of Rhode Island, Kingston, Rhode Island, 02881; telephone: (401) 874-2635.

You have read this Consent Form in its entirety. Your questions have been answered. Your signature on this form means that you understand the information and you agree to participate in this study. You are also acknowledging receipt of a copy of this document.

\_\_\_\_\_  
Signature of Researcher

\_\_\_\_\_  
Signature of Participant

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

\_\_\_\_\_  
Typed/printed Name

\_\_\_\_\_  
Typed/printed name