

You are invited to participate in a research study given by [STUDENT NAME] at Montana State University Billings. The purpose of this study is to [DESCRIBE HERE].

Responses will be confidential, and findings will be presented only in summary form—your name and individual data will not be used in any report. The benefits to this survey are [LIST HERE]. The risks are [LIST HERE].

Participation is voluntary, and you can leave the survey at any time. studentname@email.com

_____ or 406-555-0000) or Faculty Name (facultyname@email.com or 406-555-5555). If you have questions about your rights as a research participant please contact the MSUB IRB at irb@msubillings.edu.

By clicking continue, I acknowledge that:

- I have read and understand the information presented and am choosing to participate.
- I understand that my participation is voluntary, and that I may quit the survey at any time.
- I am at least 18 years old.