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| **Student Name:** | *STUDENT NAME* |
| **Instructor’s Name:** | *INSTRUCTOR NAME* |
| **Project Title:** | *IF APPLICABLE, THE TITLE OF THE PROJECT* |
| **Introduction:** | *You are being asked to participate in a student class project. This project is being conducted by STUDENT NAME for COURSE NAME/DESCRIPTION. PROVIDE ANY ADDITIONAL DETAILS REGARDING THE PURPOSE OF THE PROJECT.* |
| **Procedures:** | *For this project you will be asked to DESCRIBE WHAT THE INDIVIDUAL WILL BE ASKED TO DO. DESCRIBE IF THERE ARE MULTIPLE SESSIONS. DESCRIBE IF AUDIO, VIDEO, PHOTOS WILL BE TAKEN. INCLUDE HOW LONG YOU EXPECT THEIR INVOLVEMENT TO LAST FOR EACH ACTIVITY.* |
| **Confidentiality & Privacy:** | *Any information collected for this project will only be used for class purposes. No information will be published or presented at conferences. INCLUDE ANY SPECIFIC INFORMATION OF SHARING OF INFORMATION OR SAFEGUARDING OF INFORMATION.* |
| **Contacts:** | *If you have any questions about this project please contact me or my instructor at YOUR E-MAIL AND/OR PHONE NUMBER, or INSTRUCTOR E-MAIL AND/OR PHONE NUMBER.* |

**Marquette University  
Student Class Permission Form**

By signing below you acknowledge that you understand the student’s project and agree to participate.

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Participant Signature

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Student Researcher Signature