**Consent for Participation in Doctoral Research**

**Individual Interview Version**

I volunteer to participate in a research effort conducted by \_\_\_\_ [researcher’s name], a student at Southwestern Assemblies of God University (SAGU). I understand that this study is designed to gather information about \_\_\_\_ [briefly specify topic or state dissertation/project title], under the supervision of Dr. \_\_\_\_ [dissertation/project supervisor]. I also understand that I will be one of approximately \_\_\_\_ people participating in this study.

1. I understand that my participation in this project is voluntary, and I understand that I will not be paid for my participation. I may withdraw from the study at any time without penalty. If I decline to participate in or withdraw from the study, no one will be informed of this decision by the researcher, and no foreseeable negative consequences will result.
2. I understand that most informants in this study will find the interview process interesting and thought-provoking. If, however, I feel uncomfortable in any way during my interview session, I have the right to decline to answer any question or to end the interview.
3. I understand that my interview will last approximately \_\_\_\_ minutes. I also understand that the researcher will take hand-written or typed notes during the interview. Further, I understand that the interview will be recorded using audio- or video-tape equipment. However, if I do not wish to be recorded, I am free to withdraw from the study.
4. I understand that the researcher will not identify me by name in any reports using information obtained from my interview, and that my confidentiality as a participant in this study will remain secure. Subsequent uses of the data generated by the participants in this study will protect their anonymity.
5. I understand that no one from my \_\_\_\_ [institution/church/organization/employment] will be present at the interview or have access to the researcher’s raw notes or subsequently prepared transcripts. This precaution will prevent my comments from having any negative repercussions.
6. I understand that this research effort has been reviewed and approved by the Institutional Review Board (IRB) at SAGU. For research-related problems or questions regarding ethical research practices, the IRB may be contacted at irb@sagu.edu.
7. I have read and understand the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this study.
8. I have been given a copy of this consent form.

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My Signature Date

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My Printed Name Signature of the Researcher

For further information, including a copy of the results of this study, please contact:

\_\_\_\_ [Name of Researcher]

\_\_\_\_ [Contact Information for Researcher]