IRB#_____

Principal Investigator: Dr. Isiah M. WarnerDepartment:Office of Strategic InitiativesTelephone:225-578-0281

INFORMED CONSENT FOR PARTICIPATION IN RESEARCH ACTIVITIES

TITLE: HHMI Professors Program

- I. <u>What is the purpose of this project?</u> The purpose of this research is to examine those factors, which contribute to the success of students in the science, math, engineering and technology areas, and in the HHMI Professors Program in particular. You have been asked to participate because you are applying to LSU's HHMI Professors Program. Even if you choose not to attend LSU or if you are not selected, we are interested in following your success in the science, math, engineering and technology areas. Your participation is expected to last until you have completed your undergraduate and, if applicable, graduate education.
- **II.** <u>What will I have to do?</u> You will be asked to sign a form allowing release of undergraduate and future graduate transcripts. You may be asked to participate in interviews and/or to complete questionnaires about your academic experiences.
- **III.** <u>Who will know what I say?</u> All information gathered will be held in strict confidence. Any information learned from a study by which you might be identified will be confidential and disclosed only with your permission. By signing this form, you allow the research study investigator to make your records available to the Louisiana State University (LSU) Institutional Review Board (IRB) Office and regulatory agencies as required by law.
- **IV.** <u>How will I benefit from participation in this project?</u> Participation in this research may not benefit you directly. Potential benefits to others may result from the knowledge gained from your participation in this study.
- V. <u>Is there anything I need to be concerned about?</u> The researchers do not foresee any risks. In order to protect your confidentiality, academic transcripts, questionnaires, and interview tapes will be kept in a locked office. Any identifying information will be changed if information learned from this study is included in a spoken, written, or published report.

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- VI. <u>What are my rights?</u> Your participation in this study is voluntary. You are free to withdraw your consent for participation at any time, via written communication.
- VII. <u>Whom do I contact if I have questions or concerns?</u> The principal investigator, Dr Isiah M. Warner, is responsible for this research study. If you have any further questions, or in the event of a research related injury, you can contact Dr. Isiah M. Warner at (225)-578-0281.

This study has been reviewed and approved by the LSU Institutional Review Board (IRB). A representative from that board is available to discuss and review your rights as a research participant. The telephone number for the IRB office is (225) 578-8692.

VIII. <u>Signature for Consent:</u> I have read the description above, had any questions answered, and agree to be a participant in this study.

Print Participant's Name	Date
Participant's Signature	Date
Investigator's Signature	Date

Currently, I will <u>NOT</u> participate in the research project.

Signature

Date

Louisiana State University Baton Rouge, Louisiana