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Principal Investigator: Dr. Isiah M. Warner

Department: Office of Strategic Initiatives

Telephone: 225-578-0281

INFORMED CONSENT FOR PARTICIPATION IN RESEARCH ACTIVITIES

TITLE: HHMI Professors Program

- **What is the purpose of this project?** 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.** What will I have to do? 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. Who will know what I say? 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.** How will I benefit from participation in this project? 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.

Louisiana State University Baton Rouge, Louisiana

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VI.	What are my rights? Your participate to withdraw your consent for promunication.			
VII.	Whom do I contact if I have questions or concerns? 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 a Board (IRB). A representative from the your rights as a research participant. (225) 578-8692.	nat board is available t	o discuss and review	
VIII.	Signature for Consent: I have read the description above, had any quanswered, and agree to be a participant in this study.			
	Print Participant's Name	Date		
	Participant's Signature	Date		
	Investigator's Signature	Date		
Curre	ently, I will <u>NOT</u> participate in the res	search project.		
	Signature	Date		
	Louisiana State University Baton Rouge, Louisiana			