

APPENDIX G

CONSENT FORM TO BE A RESEARCH PARTICIPANT

SAMPLE
DOMINICAN UNIVERSITY OF CALIFORNIA

1. I understand that I am being asked to participate as a Participant in a research study designed to assess certain personal attitudes related to death and dying. This research is part of Sarah Student's Senior Thesis research project at Dominican University of California, California. This research project is being supervised by (Name of faculty research supervisor, title, department), Dominican University of California.
2. I understand that participation in this research will involve taking part in a one-hour phone interview, which will include a personal life history, as well as thoughts and feelings on the topic of death and dying.
3. I understand that my participation in this study is completely voluntary and I am free to withdraw my participation at any time.
4. I have been made aware that the interviews will be recorded. All personal references and identifying information will be eliminated when these recordings are transcribed, and all Participants will be identified by numerical code only; the master list for these codes will be kept by Sarah Student in a locked file, separate from the transcripts.

APPENDIX I
LETTER OF INTRODUCTION TO PARTICIPANTS IN
ANONYMOUS SURVEY RESEARCH

SAMPLE

Dear Study Participant,

My name is Steve Student and I am an undergraduate Psychology major at Dominican University of California. I am conducting a research project as part of my senior thesis requirements, and this work is being supervised by Matthew S. Davis, Ph.D., Professor of Psychology at Dominican University of California. I am requesting your voluntary participation in my study, which concerns people the content of popular TV programs.

Participation in this study involves keeping a record of the television shows you watch in the course of a one week period, and then filling out a five page questionnaire containing items on your opinions of television programming today, as well as some demographic questions to be used for statistical purposes. Please note that your participation is **completely voluntary** and you are **free to withdraw your participation at any time**. Likewise, your participation or non-participation **will not affect your class grade**. In addition your survey responses are designed to be **completed anonymously**. Anonymity cannot be guaranteed, however, and in the unlikely event an identity becomes known, all information will be held as completely confidential. Aside from keeping the television viewing record, filling out the survey is likely to take approximately 15 minutes of your time.

If you choose to participate in this study, please fill out the attached materials as honestly and completely as possible. You may then return them to me at your earliest convenience in the envelope provided via the Psychology Student research drop-box, located in the basement of Bertrand Hall. Remember, this survey is completely anonymous; do not put your name or any other identifying information on your survey form. If you choose not to participate, please return your unused survey materials to me in the envelope provided.

If you have questions about the research you may contact me at the email address below. If you have further questions

APPENDIX J

LETTER OF PERMISSION TO DOMINICAN FACULTY

SAMPLE
DOMINICAN UNIVERSITY of CALIFORNIA
LETTER OF PERMISSION TO DOMINICAN FACULTY

Joseph Professor, Ph.D.
Psychology Department
Dominican University of California

RE: PRESENTATION OF RESEARCH PROJECT

Dear Dr. Professor:

This letter confirms that you have read a brief description of my research project that examines student attitudes about the food served at the Student Cafeteria and that I have your permission to recruit participants for this project from your Research Methods class at a date and time convenient for you. I would only need 5-7 minutes of class time to summarize my project, ask for volunteers, and leave my materials.

This project is an important part of my undergraduate research requirements as a Biology major at Dominican. Dr. Richardson, Ph.D., Professor of Biology, is supervising my research. If you have questions about the project you may contact me at phone number or email address below. If you have further questions you may contact Dr. Richardson, at 666-6666, or the Institutional Review Board for the Protection of Human Participants at (415) 482-3547.

APPENDIX K
LETTER OF PERMISSION TO AGENCY DIRECTORS

SAMPLE

DOMINICAN UNIVERSITY of CALIFORNIA
LETTER OF PERMISSION TO AGENCY DIRECTORS

Mr. Stanhope
Manager, Vanna White Health & Fitness Center
123 Playa Del Sol, Suite C
Marina Del Ray, CA 90111

Dear Mr. Stanhope:

This letter confirms that you have been provided with a brief description of my senior thesis research project, which concerns factors related to successful weight loss, and that you give your consent for me to visit your facility to interview a random sample of your clients. This project is an important part of my undergraduate requirements as a Nursing major, and is being supervised by Dr. Fred Montague, Professor of Nursing at Dominican University of California.

As we discussed in our phone conversation, I will make every effort to ensure that my data collection does not interfere with your regularly scheduled classes and workshops, and that your clients are treated with the utmost discretion and sensitivity. If you have questions about the research you may contact me at phone number or email address below. If you have further concerns you may contact my research supervisor, Dr. Montague, at 666-6666 or the Institutional Review Board for the Protection of Human Participants at Dominican University of California by calling (415) 482-3547.

After my research project has been completed in May 2004, I will be glad to send you a summary of my research results.

If my request to visit your establishment and to interview your clients meets with your approval, please sign and date this letter below and return it to me in the enclosed self-addressed, stamped envelope as soon as possible. Please feel free to contact me if you have any questions about this project.

Thank you very much for your time and cooperation.

Sincerely,

Bruce T. Rockford
43 Thesis Terrace
San Rafael, CA 94903

(415) 457-5533 x669

I agree with the above request

Signature

Date

APPENDIX M
IRBPHP HUMAN PARTICIPANT INCIDENT REPORT

DOMINICAN UNIVERSITY of CALIFORNIA
HUMAN PARTICIPANT INCIDENT REPORT

All incidents of injury or other adverse effects experienced by human Participants must be reported to the IRBPHP, Office of Associate Vice President for Academic Affairs, Dominican University of California, 50 Acacia Avenue, San Rafael, CA. 94901 (415-482-3547).

A written report, along with a copy of the original signed consent form, should be submitted as soon as possible, but **NO LATER THAN 10 WORKING DAYS** after first awareness of the problem.

Name of Researcher: _____

University Title: _____

Department: _____