|  |  |
| --- | --- |
| l1 | BETHLEHEM UNIVERSITY  *Dean of Research* |

**Consent Form for Participation in a Research Study**

**Bethlehem University**

**Full Title of Project (use same title as submitted to DOR):**

**Name, Position and Contact address of Researcher:**

Dear Bethlehem University faculty/ students/ staff,

Thank you for participating in this study. Please, be advised that your participation in this research study is voluntary. You may choose not to participate and you may withdraw your consent to participate at any time. You will not be penalized in any way should you decide not to participate or to withdraw from this study.

We will do everything we can to protect your privacy. Your identity will not be revealed in any publication resulting from this study.

**Contact Information:**

Students with any questions or concerns about this study should contact Dr. Jamil Khader, DOR at [Jamilk@bethlehem.edu](mailto:Jamilk@bethlehem.edu) <Tel:2741241> Ext. 2377

**Consent:**

I confirm that I have read and understood the purpose of the above study, was given the opportunity to ask questions, and that I can withdraw from this study at any point without penalty.

I give my consent to take part in this study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant’s Name Date Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Researcher’s Name Date Signature**