



The College of New Jersey

TCNJ Institutional Review Board

RESEARCH SUBJECT INFORMED CONSENT FORM

Dear Prospective Research Participant:

You are being asked to be a volunteer in a research study. Please read this consent form carefully, and ask as many questions as you like before you decide whether you want to participate in this research study. You may also ask questions at any time before, during, or after your participation in this research. You are encouraged to take your time in making your decision.

GENERAL INFORMATION

Project Title: Emerging Adulthood among College Students

Approved protocol number : _____ **Approval date :** _____

Expiration date: _____

Project sponsor: The College of New Jersey

Principal Investigator: Dr. He Len Chung
Department of Psychology, School of Culture & Society
The College of New Jersey
P.O. Box 7718, Ewing, NJ 08628
Email: chung@tcnj.edu
Telephone: 609-771-2646

PROJECT INFORMATION

1. Purpose of the Research: The current study will measure life experiences among college students to understand how changes in interpersonal relationships, coping strategies, and beliefs about adulthood can affect psychological health during the transition to adulthood.

2. Exclusion/ Inclusion Criteria: You must be at least 18 years old and a freshman at TCNJ.

3. Research Procedures: Our research team plans to ask 200 men and women (at least 18 years of age) from The College of New Jersey to participate in this study. If you agree, you will be asked to participate in four, confidential interviews over the next four years. We would interview you once now and then once per year for the next three years. The interview will be conducted at

Participant's Initials: _____

TCNJ and take about 60 minutes. During the interview, you will be asked a variety of questions, some about your opinions and beliefs, and others about your behavior. The topics covered have to do with the following areas: your background; relationships with friends, parents, and other adults; how you cope with stress; your beliefs about being an adult; and psychological well-being. We will pose direct questions and ask you to answer as honestly as possible.

4. Potential Risks and Discomforts: There are very few risks anticipated as a result of your participation. One possible risk is that some questions we ask may make you feel uncomfortable. If you feel upset during or after the interview and would like to talk to a counselor, we will provide you with information for places where you may receive help.

5. Potential Benefits of the Research: In addition to receiving compensation, your participation will help us gain a better understanding of how to increase healthy outcomes for people your age.

6. Compensation for participation: You will receive compensation for your participation. For the interview today, you will receive either PIPER credit (1 credit for each half hour of participation) or \$10; if you start the interview, but do not complete it, you will receive \$5. The form of compensation will be determined prior to starting the interview. For the second interview, you will be eligible to win a \$100 Visa check card; for the third interview, you will be eligible to win a \$150 Visa check card; for the fourth interview, you will be eligible to win a \$200 Visa check card. If you start a follow-up interview, but do not finish, you will not be eligible to win the Visa check card. For each of the follow-up interviews, one person will be randomly selected among those who completed the interview for a given time period. Each person has approximately a 1 in 200 chance of winning. The investigator of this study will observe the drawing to make sure that the results are fair and will also be responsible for contacting the person who wins the lottery.

7. Alternative procedures or treatments: Not Applicable

8. Provision for Confidentiality: All the information you provide will remain confidential and will not be shared with anyone outside of the research team. One exception to our pledge to keep information confidential is if you are at immediate risk to hurt yourself or others. If we get information that makes us think that you are serious about hurting yourself or someone else, we will have to discuss your case to decide what, if any, action will be taken. All completed project materials will be kept secure at all times and will only be viewed by persons connected with the research project. Your individual privacy will be maintained in all published and written data resulting from the study.

9. Research-related Injury: If you experience discomfort as a result of participating in this study and would like speak to a mental health professional, you can contact TCNJ's Counseling and Psychological Services via phone (609.771.2247) or email (CAPS@tcnj.edu).

10. Contacts for additional information: If you have any questions about the study, you may contact the PI (Dr. He Len Chung) at the address given above. If you have concerns about the research or about your rights as a participant, please contact Dr. James Graham, Chair of The

Participant's Initials: _____

College of New Jersey Institutional Review Board (609-771-2810; jgraham@tcnj.edu).

11. Voluntary participation and the right to discontinue participation without

penalty: Your participation in this study is voluntary. You do not have to be in this study if you do not want to be. You have the right to change your mind and leave the study at any time without giving any reason and without penalty. You also have the right to refuse to answer particular questions. Any new information that may make you change your mind about being in this study will be given to you. You will be given a copy of this consent form to keep. You do not waive any of your legal rights by signing this consent form.

12. Conflict of Interest: Not Applicable

13. Additional Information: Not Applicable

14. Consent: *If you sign below, it means that you have read (or have had read to you) the information given in this consent form, and you would like to be a volunteer in this study. You understand that you will receive a copy of this form. You voluntarily choose to participate, but understand that your consent does not take away any legal right in the case of negligence or other legal fault of anyone who is involved in this study. You understand that nothing in this consent form is intended to replace any applicable Federal, State, or Local laws.*

Participant's Name (printed)

Participant's or Authorized Representative's Signature

Date

Principal Investigator's or Authorized Representative's Signature

Date

Participant's Initials: _____