Ι,	, [name of interviewee] am consenting to participate in an
interview about	
Which is being conducted by University of Central Florida.	[Your name] for ENC 1102 at the
	understand that I can discontinue the study at any time. I thdraw from the study after the interview has been completed
I understand that I will not be paid to	for my participation [unless you are going to pay them].
I understand that this study may pos	se the following risks to me:
I understand that I may decline to a	nswer questions which make me uncomfortable.
The researcher [Your Name] anticip	pates that this research will take [Fill This In] of your time.
I understand that the interview will Or	be recorded [include if you are doing an interview]
	keep my emails from this interview [include if doing an email
•	o record or keep/use my email answers, I understand that I will not
I understand that I have the right to right to remain anonymous if I wish	ask that the researcher not identify me by name and that I have the to remain so.
I understand that this study has not	been reviewed by UCF's IRB.
I am over 18 and I have read and unstudy.	nderstand the statements above and consent to participate in the
	(signature)
	(date)
	(principal researcher)