



VILLANOVA UNIVERSITY

DEPARTMENT OF COMPUTING SCIENCES

CONSENT FORM

DATABASES FOR MANY MAJORS: CUSTOMIZABLE VISUALIZATIONS TO IMPROVE STEM LEARNING

INTRODUCTION

The purpose of this form are to provide you (as a prospective research study participant) information that may affect your decision as to whether or not to participate in this research and to record the consent of those who agree to be involved in the study.

RESEARCHER

Dr. Don Goelman, Associate Professor, Department of Computing Sciences, Principal Investigator, has invited your participation in a research study.

STUDY PURPOSE

The purpose of the research is to develop animation and collaborative learning techniques for teaching concepts and applications of relational databases to students of many majors.

DESCRIPTION OF RESEARCH STUDY

If you decide to participate, then you will join a study funded by the National Science Foundation involving this research. You may be given pretests on various topics in relational databases. You can choose to skip any questions on any pretest, and it won't count towards your grade; further, nobody besides Dr. Goelman will ever be aware of your results. Statistics will be compiled that compare pretest and conventional test scores and that compare students who've experienced the animations and collaborative learning techniques with those who haven't. The statistics will be public.

If you say YES, then your participation will last for this term. The number of subjects depends on enrollments.

RISKS

There are no known risks from taking part in this study, but in any research there is some possibility that you may be subject to risks that have not yet been identified.

BENEFITS

Although there may be no direct benefits to you, the possible benefits of your participation in the research are the improvement of database education by the incorporation of new pedagogical techniques.

CONFIDENTIALITY

All information obtained in this study is strictly confidential. The results of this research study may be used in reports, presentations, and publications, but the researchers will not identify

you. In order to maintain confidentiality of your records, Dr. Goelman will keep all pretest results with your name in secure physical and electronic locations to which he alone will have access.

WITHDRAWAL PRIVILEGE

Participation in this study is completely voluntary and won't affect your grade in the course or your relation with any unit of Villanova University. It is OK for you to say no. Even if you say yes now, you are free to say no later and to withdraw from the study at any time.

COSTS AND PAYMENTS

There is no payment for your participation in the study.

VOLUNTARY CONSENT

Any questions you have concerning the research study or your participation in the study, before or after your consent, will be answered by Dr. Goelman, don.goelman@villanova.edu, 610-519-7346, MSC 292B.

If you have questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk; you can contact the Office of Research and Sponsored Projects at Villanova University, at 610-519-6127.

This form explains the nature, demands, benefits and any risk of the project. By signing this form you agree knowingly to assume any risks involved. Remember, your participation is voluntary. You may choose not to participate or to withdraw your consent and discontinue participation at any time without penalty or loss of benefit. In signing this consent form, you are not waiving any legal claims, rights, or remedies. A copy of this consent form will be given (offered) to you.

Your signature below indicates that you consent to participate in the above study.

Subject's Signature

Printed Name

Date

Legal Authorized Representative
(if applicable)

Printed Name

Date

INVESTIGATOR'S STATEMENT

"I certify that I have explained to the above individual the nature and purpose, the potential benefits and possible risks associated with participation in this research study, have answered any questions that have been raised, and have witnessed the above signature. These elements of Informed Consent conform to the Assurance given by Villanova University to protect the rights of human subjects. I have provided (offered) the subject/participant a copy of this signed consent document."

Signature of Investigator _____

Date _____