*The following template may be used for providing Informed Consent for Exempt Protocols where the MSU IRB has **waived** the requirement for the investigator to obtain a signed informed consent form for some or all subjects based on one of the following conditions (CFR §46.117):*

1. *The only record linking the subject and the research would be the informed consent form and the principal risk would be potential harm resulting from a breach of confidentiality.*

2. *The research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside of the research context, or*

3. *If the subjects or legally authorized representatives are members of distinct cultural group or community in which signing forms is not the norm, that the research presents no more than minimal risk of harm to subjects and provided there is an appropriate alternative mechanism for documenting that informed consent was obtained.*

When written consent is waived, the MSU IRB requires the investigator provide subjects or legally authorized representatives with a written or oral statement regarding the research. When oral statement is provided, please indicate Oral Statement *at the top of the page, under* Minot State University.

Minot State University

You are invited to participate in a research study of (*Title of your Study as listed on the IRB form).* This study will be completed by *(student and indicate program or faculty and indicate department/division)* through Minot State University in Minot, North Dakota. The purpose of this research study is *(Explain the purpose of your study in one-two sentences.)*

Participation in this study will take no more than (*Indicate time needed by participant to complete the procedure).* Your responses will be confidential and will only be used for research purposes. No personally identifiable information is asked of you in any part of this study.

If you chose to participate in this study, you will *(Describe the process for participation. For example, completion of an online survey, contribution during an oral interview, etc. If the research involves an experiment, provide details.)*

There are no known risks to participating in this study. The benefits of participating in this research include *(If applicable, describe how the research benefits the participants or others). (Indicate any alternative procedures or courses of treatment, if any, that might be advantageous to the subject.)*

Your participation is voluntary. You may withdraw from this research study *(Indicate when and how; for example, if completing a survey, the subject can withdraw anytime up until the survey is submitted.).*

If you have questions about the purpose of this study, please contact *(Insert your name, phone, and email address; also include names and contact information for other investigators, as applicable).*

This study has been approved by the Minot State University Institutional Review Board as exempt research. If you have questions concerning your rights as a participant in this study, please contact (*current IRB chair—available on IRB website)* at 701-858-*xxxx* or irbchair@minotstateu.edu.

Completion and *(describe – return of the survey, participation in the interview, etc.)* implies that you have read the information in this form and consent to participate in the research.

Your signature