Generic Online weekly journal consent form

Start of Block: Default Question Block

Q1 Thank you for your interest in participating in the online weekly journal. Please carefully read this consent document. If you are willing to participate in the online weekly journal, **please enter your full name and [institution name] email address below by 5pm, [deadline date]**. Your participation in the Online Weekly Journal will begin on [start date], and end on [end date] (excluding a spring break). The time required to complete the journal is approximately 10 to 15 minutes per week.  
   
 If you have any questions regarding the survey, you may contact [contact name and email]. Once the recruitment and compensation are completed, students’ emails and names will be destroyed.

Q3 Please enter your contact information

* Full name (1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* [institution] email address (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* [University/ Student] Identification Number (UIN) Note: This is used only when providing compensation. Please consult with your institution's policy. (4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q4 By checking the box below, you consent to participate in the online weekly journal

* I consent (1)
* I do not consent (4)