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St. Thomas University

Miami Gardens, Florida

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(name of chair, highest earned degree, title, and affiliation)

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The target length of the abstract in St. Thomas University doctoral dissertations is 350 words or less, formatted in one double-spaced paragraph (do not create a justified right margin). Guidelines for development of the abstract can be found in section 2.04 of the *APA Publication Manual,* 6th edition. Note that the Abstract page has no page number and “Abstract” does not appear in the Table of Contents.

Delete this text but do not delete the section break that follows this paragraph; it is necessary for correct pagination—if you can’t see it, click on the ¶Show/Hide button on the formatting toolbar.

**Acknowledgments**

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Use these headings as needed and as directed by the mentor.

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**REFERENCES**

(References should be single-spaced, with a full space between entries. Use the ruler to create a hanging indent.)

**Appendix A**

**Institutional Review Board (IRB) Approval Form**

Institutional Review Board

**16400 N.W. 32nd Ave., Miami, Florida 33054**

Proposal Approval Form

St. Thomas University

PRINCIPAL INVESTIGATOR(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ supervising Doctoral Candidate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROJECT TITLE

in accordance with St. Thomas University policy and national guidelines governing the ethical use of human participants in research, the university Institutional Review Board certifies that the above stated project:

\_\_\_\_ being exempt from full review was peer reviewed by the IRB under the expedited review process and in its original form was

\_\_\_\_ was revised according to suggestions made by the IRB to the investigators and was

\_\_\_\_\_ being subject to a full review by the IRB was

REVISION REQUESTED ON \_\_\_\_\_\_\_\_\_

APPROVED ON \_\_\_\_\_\_\_\_\_\_\_\_\_

DISAPPROVED ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigators may request continuation of a project using the IRB project submittal form and procedure.

Human Subjects are adequately informed of any risks:

Gary Feinberg, Ph.D.

Chair, St. Thomas University IRB

Date:

**Appendix B**

**Statement of Original Work and Signature**

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Witness (Type Name Here) Date

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**Appendix C**

##### **INFORMED CONSENT FORM**

**Study Title:**

**Researcher:**

**Email Address and Telephone Number:**

**Research Supervisor:**

**Supervisor Email Address:**

You are invited to be part of a research study. The researcher is a doctoral learner at St. Thomas University in the School of Arts and Education. The information in this form is provided to help you decide if you want to participate. The form describes what you will do during the study and the risks and benefits of the study.

If you have any questions or do not understand something in this form, you should ask the researcher. Do not participate in the study unless the researcher has answered your questions and you decide that you want to be part of this study.

**WHAT IS THIS STUDY ABOUT? Here is where you want to include what your study is about.**

**How many People WILL BE IN THIS STUDY?**

**Why am i being asked to be in the study?**

You are invited to be in the study because you are: **What are the qualifications of the participant?**

All participants will be between ages.

If you do not meet the description above, you are not able to be in the study.

**Who is paying for this study?**

The researcher is not receiving funds to conduct this study.

**WILL IT COST ANYTHING TO BE IN THIS STUDY?**

You do not have to pay to be in the study.

**How long will I be in the study?**

If you decide to be in this study, your participation will last about **\_\_\_** hours. About \_\_\_\_ per week for \_\_\_\_\_\_\_ consecutive weeks of participation is required.

**WHAT WILL HAPPEN DURING THIS STUDY?**

If you decide to be in this study and if you sign this form, you will do the following things:

**[SELECT ONE OR MORE OF THE FOLLOWING ACTIVITIES. OMIT ACTIVITIES WHICH WILL NOT BE PART OF THE STUDY]**

* give personal information about yourself, such as **years of work in your particular area of expertise.**

**WILL BEING IN THIS STUDY HELP ME?**

Being in this study will not help you. Information from this study might help researchers help others in the future.

**ARE THERE RISKS TO ME IF I AM IN THIS STUDY?**

No study is completely risk-free. However, we do not anticipate that you will be harmed or distressed during this study. You may stop being in the study at any time if you become uncomfortable. You should be aware, however, that there is a small possibility that responses could be viewed by unauthorized parties (e.g. computer hackers because your responses are being entered and stored on a web server)

**WILL I GET PAID?**

You will not receive anything for being in the study.

**DO I HAVE TO BE IN THIS STUDY?**

Your participation in this study is voluntary. You can decide not to be in the study and you can change your mind about being in the study at any time. There will be no penalty to you. If you want to stop being in the study, tell the researcher.

**WHO WILL USE AND SHARE INFORMATION ABOUT MY BEING IN THIS STUDY?**

Any information you provide in this study that could identify you such as your name, age, or other personal information will be kept confidential. Data will be stored on a password secured private computer. In any written reports or publications, no one will be able to identify you.

The researcher will keep the information you provide in a home office and only the researcher, researcher’s supervisor, and dissertation committee will have access to the study data.

Even if you leave the study early, the researcher may still be able to use your data.

**WHO CAN I TALK TO ABOUT THIS STUDY?**

You can ask questions about the study at any time. You can call the researcher at any time if you have any concerns or complaints. You should call the researcher at the phone number listed on page 1 of this form if you have questions about the study procedures, study costs (if any), study payment (if any), or if you get hurt or sick during the study.

St. Thomas University’s Institutional Review Board (IRB) has been established to protect the rights and welfare of human research participants. Please contact us at 1-888-111-1111, for any of the following reasons:

* You have questions about your rights as a research participant.
* You wish to discuss problems or concerns.
* You have suggestions to improve the participant experience.
* You do not feel comfortable talking with the researcher.

You may contact the IRB without giving us your name. We may need to reveal information you provide in order to follow up if you report a problem or concern.

**DO YOU WANT TO BE IN THIS STUDY?**

By clicking the link below you agree to the following statement:

I have read this form, and I have been able to ask questions about this study. I voluntarily agree to be in this study. I agree to allow the use and sharing of my study-related records as described above.

I have not given up any of my legal rights as a research participant. I will print a copy of this consent information for my records.