**Informed Consent**   
**Protocol Title:** CISE Course Protocol CEN 4721c / CAP 5100 Human Computer Interaction 2014

**Please read this consent document carefully before you decide to participate in this study.**

**Purpose of the research study:**

The purpose of this study is to evaluate a user interface.

**What you will be asked to do in the study:**

Following a brief introduction to one of our interfaces, you will be asked to perform several tasks using the interface. The experimenters will describe the interface and explain the task you will be asked to perform. While you are using the interface, the experimenters will be observing and taking notes. They are not testing you, they are watching to understand how you use the interface and to determine whether the interface needs further improvement. After you complete the tasks, you will be asked to fill out a general survey about your experiences such as what did you like, what didn’t you like, did you encounter any problems, and if you have any ideas for improvement.

**Time required:**

30 minutes

**Risks and Benefits:**

There are no risks associated with using the interfaces. We do not anticipate that you will benefit directly by participating in this experiment.

**Compensation:**

There will be no compensation for participating in this research.

**Confidentiality:**

Your identity will be kept confidential to the extent provided by law. All observations and interview responses will be assigned a code number that will not be associated with your name. Your name will not be used in any report.

**Voluntary participation:**

Your participation in this study is completely voluntary. There is no penalty for not participating.

**Right to withdraw from the study:**

You have the right to withdraw from the study at anytime without consequence.

**Whom to contact if you have questions about the study:**

Andrea Kleinsmith, PhD, CISE Department, PO Box 116120, Gainesville FL 32611, phone 503-508-7506, alk@cise.ufl.edu

**Whom to contact about your rights as a research participant in the study:**

IRB02 Office, Box 112250, University of Florida, Gainesville, FL 32611-2250; phone 392-0433.

**Agreement:**

I have read the procedure described above. I voluntarily agree to participate in the procedure and I have received a copy of this description.

Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Experiment Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_