**Schulich School of Business, York University**

**FORM C**

**STUDENT CONFIRMATION FORM - HUMAN PARTICIPANTS RESEARCH**

*At the beginning of term, student researchers complete and submit to instructor.*

**Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Number\_\_\_\_\_\_\_\_\_\_\_\_\_ Section** \_\_\_\_\_\_\_\_\_\_\_

**Course Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Term and Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Instructor’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I ­­­­­­­­­­­­­­­­­confirm that I have been educated about and informed of the York Senate Policy on Research Ethics, and I confirm that I will adhere to the provisions of the course research protocol.

I understand that I must retain signed copies of the informed consent forms that I collect for two years.

*\*Add information below. If a group project, list all names. If Field Study, add group number.*

**If Field Study, group # Student Name Signature Date**