Dr. _______ and Dr. ___ are conducting a study to find out more about language processing. By signing below, you are submitting your written authorization for participation in this study.

If you agree to participate, you may be asked to participate in one or more sessions, lasting approximately 1 hour each. Scheduling of these sessions will be at your convenience. The things that may happen at these sessions are the following:

1. You may be asked questions about your language background.
2. You may listen to sentences, view words presented by a computer and answer questions about them, or push buttons on a response box connected to a computer in response to the type of sentence or word that you heard or viewed.

The only people who will be allowed to listen or view your responses are the researchers involved in this project. For your participation in this study:

You may (depending on your instructor) receive _____ hour/s, in-class extra credit assignment for your participation in this study.

The experience in participating in this experiment will be educational for the field of cognitive science and the psychology of language. The investigators may learn more about language processing, which may help to understand language disorders in other individuals.

Dr. ___/_______ and/or ___________________ has explained this study to you and has answered your questions. If you have any questions about this study you may reach ______ at: The Psychology Department, TAMIU, KL _________, (956)326-XXX).

Participation in research is entirely voluntary. You may refuse to participate or withdraw at any time for any reason without jeopardizing your status at this school. Research records will be kept confidential to the extent provided by law.

I have received a copy of this consent document to keep. I agree to participate in the study.

______________________________________ _______________ ________
Subject’s Signature Age Date

___________________________________ ________
Signature of Investigator/Research Assistant Date

__________________________________________________ ________
Signature of Witness Date