DECLARATION OF INFORMED CONSENT

# By attending P.A.S.S. sessions, I give my informed consent to participate in the evaluation component of Mohawk College’s P.A.S.S. Program, conducted by Student Success Initiatives.

1. I understand that a record will be kept of my having participated in the study. All data collected from my participation will be kept strictly confidential. The information in this record will not be made available to anyone other than authorized staff who are directly associated with and currently contributing to the P.A.S.S. Program.
2. I understand that aggregate data collected will be shared in the form of reports with Mohawk College administrators, faculty and staff for the purpose of assessing and making changes to the curriculum of courses affiliated with the P.A.S.S. Program and future offerings. **No individual identification will be made**.
3. I understand that my academic files are required for research purposes. I give consent to authorized staff directly associated with the P.A.S.S. Program to access these files.
4. I understand that my decision to participate (or withdraw from the study) will not influence the services I receive from Mohawk College in any way.
5. I understand that my name/information will not be released or disclosed to anyone other than those individuals directly involved in this study.
6. I have been informed that I may refuse to answer any question that I do not wish to answer.
7. I consent to the future use and publication of the research results with the understanding that the information will be reported in the context of the P.A.S.S. Program and in **group form only**. This means that **no individual identification will be made** and the information will not be used for other research endeavors not directly associated with the P.A.S.S. Program.
8. I understand that my participation is voluntary and I am free to withdraw from the study **at any time** without penalty of any kind.
9. I understand that my student number on the attendance record sheet indicates my consent as outlined above. I further understand that I may indicate “no consent” by emailing pass@mohawkcollege.ca if I do not wish to participate in the study.

Please direct any questions, concerns, or suggestions to:

**Victoria Wylie** (she/her)
**Program Lead – P.A.S.S. & Student Success Programs**
Learning Support Centre | Mohawk College
135 Fennell Avenue West | Hamilton, ON | L9C 0E5
victoria.wylie@mohawkcollege.ca
905-575-1212 ext. 3296