

Instructions:

Prior to engaging in any research assistant activities, volunteer research assistants and their faculty supervisor must complete this form via DocuSign and submit it to the Department no later than:

Deadlines			

Student Information:

Name: _____

Phone Number: _____

Faculty Supervisor: _____

Term Requested: ___ Fall ___ Spring ___ Summer

Date Submitted: _____

KSU ID#: _____

KSU NetID: _____

Approximate Hours per Week: _____

Institutional GPA: _____ PSYC GPA: _____

Detailed description of Volunteer's Activities/Responsibilities:

Agreement/Approval Signatures:

Student: _____

Date: _____

Faculty Supervisor: _____

Date: _____

FOR DEPARTMENT OFFICE USE ONLY

Date Received: _____

Reviewed By: _____

Departmental Signature: _____

Approved? ___ Yes ___ No

Acknowledgment of Professional Confidentiality and Responsibility

This statement is to be signed by students serving as undergraduate research assistants in the Department of Psychological Science who may have access to student records.

Student records are maintained under the protection of the Family Educational Rights and Privacy Act of 1974, as amended affords students the right to have their personal information and educational records held in confidence with limited exceptions.

One exception involves directory information. Directory information may be released by the university without the student's written consent. Directory information consists of name, field of study (Major), participation in recognized activities and sports, weight and height of athletic participants, dates of attendance and degrees received. Students may deny the release of directory information by requesting in writing to the registrar that such information not be released each semester they are enrolled. When a student has filed a written request with the Registrar that his/her directory information be withheld and kept confidential, a flag will be set in Banner that causes a warning message to be displayed whenever someone accesses that student's records stating that information about this person is confidential. In that case, the student's directory information should not be released.

Although I, the undergraduate research assistant, will have limited access to student records, it is important to note that all student data is protected, in particular, students' grades, grade point averages, hours enrolled, schedule of classes, and social security number. This information should not be released to anyone, including the student's parents, without the express written permission of the student.

By my signature, I acknowledge that I am aware that the student records are confidential and that I must keep them confidential. This acknowledgement is not intended to interfere with the normal operation of my duties as an undergraduate research assistant at Kennesaw State University.

All students serving as undergraduate research assistants in the Department of Psychological Science are required to attend a virtual directed study bootcamp.

_____ I understand that if my application is approved, I will need to meet this requirement.

Volunteer's Name

KSU ID#

Volunteer's Signature

Date

I understand that this student must be [CITI certified](#) and included on approved IRB applications before having any contact with participants or participant information, including access to SONA.

Faculty Supervisor Name

Faculty Supervisor Signature

Date

Department Chair/Designee Signature

Date