DATE

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

I am a (------ **year-----)** medical student at the University of Connecticut School of Medicine doing research as part of a project required for (-----**description of curricular activity being fulfilled, e.g. graduation, my summer research internship**---). The principal investigator for this study is: ----**Dr**. ---**name of the principal investigator-**------).

The title of this study is ----- **“Title of the Study”**----. I am assessing/ studying ----------------------------------------***write a brief description of study*** --------.

You are invited to participate in this voluntary survey study because (**describe the reason the individual is being asked to participate in the research per inclusion criteria defined in your protocol).** Your participation is voluntary, and there are minimal risks to completing the survey. Your responses are anonymous with no link back to you **(if not anonymous explain how the confidentiality of the information collected will be protected**).  If you choose to participate, please complete the enclosed survey. While complete surveys will provide better data, you may skip questions that you do not feel comfortable answering or stop the survey at any time. Your response to these questions should take between -------***How many minutes*** -------- to complete. (**If applicable, provide direction about return of surveys, e.g.,** After completion, please return it in the provided self-addressed, pre-posted envelope by ----------***date****-*---). Completion and return of this survey signifies your consent to participate in the study.

I appreciate your participation in this research study. For any questions regarding the study, please feel free to e-mail me at -----***contact information of the investigator and/or advisor***----, or call me at xxx-xxx-xxxx, or call the Principal investigator at xxx-xxxx-xxxx.

Thank you.

Sincerely,

----------------**Signature**--------------------

Student Name

---------------**Signature** ------------------

Principal Investigator Name