VII. Copy of Consent Form to Participant:
We will give you a copy of this consent form to keep.

If you are willing to volunteer for this research please mark your choice with your initials and please sign below.

Please write your initials in the boxes which applies to you:

CM [✓] It is OK for you to be named in the thesis.
[.....] You do not want to be named in the thesis.
CM [✓] It is OK for your interview(s)to be audio-recorded.
[.....] You do not want your interview(s)to be audio-recorded.
CM [✓] It is OK to give youraudio-recorded interview(s) to the Mercer University library.
[.....] Youwant yourrecorded interview(s)to be destroyed after the study is completed. This will be within one year from the time you are interviewed.

Please sign below to confirm that you have written your initials by your choices.

[X] Catherine Meeks _____ 6/6/16 _____
Participant's Signature Date

[X]Please Print Your Name: Catherine Meeks

J. Kemper _____ 6/6/16 _____
Principal Researcher or Researcher Obtaining Consent Date

Version Date: 20th May 2016

GSU APPROVED
IRB NUMBER: H16594
IRB APPROVAL DATE: 05/23/2016
IRB EXPIRATION DATE: 05/22/2017