**Faculty:** Choose your faculty.

**Department:** Click or tap here to enter Dept.

**Date:** Click or tap to enter a date.

**Research Title:** Click or tap here to enter research title.

Dear Participant,

I am Click or tap here to enter your name from Click or tap here to enter your instituation name. I will conduct a scientific research investigating tap to write Research Title**.** So, I hope you agree to participate in my research previously explained.

Neither defined dangers nor financial costs are caused by participation in this study.

Your data will be used by the researcher (the researcher should define his/her aim from such data and the number of questionnaire’s sections).

Note that the researcher/instructional authority tackle data confidentially according to scientific research frame. Thus, names are not written on the questionnaire, which guarantee the participant’s privacy. No one can know if you participate or not.

The institutional review board (IRB) at Yarmouk University may review your data. In case of publication, subjects’ data are confidential. Also, note that your participation in this study is voluntary, so feel free not to answer any question, with no justifications.

**For inquiries, please contact:**

**Researcher's name:** enter name of the researcher

**Researcher's mobile number and e-mail:** enter a contact number**,** enter your email address

**Supervisor's name in relation to graduate students:** enter name of the supervisor

**Sponsor agency:** tap here to enter sponsor agency