Consent Form for Professor _____________ to make professional use of material submitted by

[student name] ________________ during the completion of

[name and number of course] ________________________
during [semester/year]: _______________________

This form affirms the student’s consent to have samples from the work that the student has submitted to Professor _____________ during [semester/year] ________________ used in public discussions and/or writing about teaching. Professor _____________ promises he or she will notify you if any of your writing is to be used in print. Note that you have the choice to have your work appear anonymously, pseudonymously, or in your own name.

Please check any or all the following designated purposes (if any) to which you give your consent:

____ I am willing to allow Professor _______________ to use quotations from my work in public presentations.

____ I am willing to have copies of my coursework included in Professor ________________’s course portfolio.

____ I am willing to have copies of my coursework included in a public web-site.

____ I am willing to allow Professor _______________ to use quotations from my work in published articles.

Please check one of the following:

____ I wish to have my name remain on any work that is used.

____ I wish to have my name removed on any work that is used.

____ I wish to use the name _______ as my pseudonym on any work that is used

Additional restrictions on the use of my texts (please specify): ____________________________________________

Student’s Signature________________________________________________________________________

Print Student’s Name________________________________________ Date________________________

Phone Number (        ) _____________________      Student’s Email_______________________

By signing below you give your permission that work you produced for courses at UMKC may be used with the restrictions and for the purposes you indicated above. You understand that your grade is NOT connected in any way to your participation in this project. Your anonymity will be maintained unless you designate otherwise. Finally, you understand that you are free to withdraw consent at any time, now or in the future; if you do so, Professor _____________ will desist from using your work in subsequent presentations, articles, etc.

Please e-mail this form to [professor’s e-mail] ____________________with the appropriate boxes checked.

Please address questions to: Professor ________________, at this UMKC address: ____________________

Professor’s telephone:________________  Professor’s e-mail____________________________

Please print this consent form, complete the applicable entries, and mail or deliver this form and your grant application to the FaCET office, Miller Nichols Library, Room 225, 800 East 51st Street, Kansas City, Missouri 64110. You may want to make a copy of this completed form for your records. If you have questions or concerns, please contact Peggy Ward-Smith, wardsmithp@umkc.edu, 816-235-2857, or Timothy Bergey, tbw4kc@mail.umkc.edu, 816-235-5362.