**Consent Form**

Dear Student

You are being invited to participate in a research study. Before you decide whether or not to participate, it is important for you to understand why the research is being done and what it will involve. Please take the time to read this form carefully and ask questions about anything that you do not understand.

Purpose of the Study:

The purpose of this study is to assess the quality of medical education services for international students.

Procedures:

If you agree to participate in this study, you will be asked to complete two anonymous questionnaires. These procedures will take approximately forty minutes. All information collected during this study will be kept confidential. Only the researcher and authorized personnel will have access to the data. The data will be stored in secure, password-protected electronic files. Your name will not be used in any reports or publications resulting from this study.

Participation in this study is entirely voluntary. You have the right to refuse to participate or to withdraw from the study at any time without penalty or loss of benefits to which you are otherwise entitled.

Participant Signature: : Date: