**Consent Form**

I declare to have volunteered to participate in this experiment. I understand and accept that I may regularly receive emails throughout the duration of this experiment (3 months).

Furthermore, I understand that the reports of this experiment will not identify me, and that my participation in the experiment will not affect my academic standing at the University.

Name of Participant:

Campus Card Number:

Date:

Signature:

To be completed by the experimenter:

Session:

Date: