Approval Form (1B)

A completed form is required for each student, including all team members.

1.	To Be	Comp	leted l	by	Student	and	Parent

- a. Student Acknowledgment:
 - · I understand the risks and possible dangers to me of the proposed research plan.
 - I have read the ISEF Rules and Guidelines and will adhere to all International Rules when conducting

	se or presentationality for competi	n of other research	er's work as one's o	oractices include but are not limited to wn, and fabrication of data. Fraudulent 04/29/21
and the second of the second o	ian Approval: I h	ary. I consent to my	Date Acknowledged (mm/dd/ (Must be prior to experimentation erstand the risks and possible dangers involved in the y child participating in this research. 04/29/21	
Parent/Guardian's Pri	nted Name	Signature		Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)
a. Required for project	jects requiring puts that need prior S	RC/IRB approval	B. Required fo	2b as appropriate.)
(Required for pro	jects requiring p ts that need prior S tation (humans, ver s biological agents ly studied this proje I the required forms oval of the Researc dent begins experi	RC/IRB approval tebrates or). ect's Research Plan/ s are included. My	b. Required fo Research In OR approval. This project was (not home or hig by the proper ins complies with th	research conducted at all Regulated stitutions with no prior fair SRC/IRB conducted at a regulated research institution h school, etc.), was reviewed and approved titutional board before experimentation and a ISEF Rules. Attach (1C) and any required rovals (e.g. IACUC, IRB).

SRC Approval After Experimentation and B I certify that this project adheres to the app		이 즐겁게 보면 하는 것이 되었다. 이 사람이 되었다면 가장 있다면 하는데
Regional SRC Chair's Printed Name	Signature	Date of Approval (mm/dd/yy)
State/National SRC Chair's Printed Name (where applicable)	Signature	Date of Approval (mm/dd/yy)