## **Approval Form (1B)**

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

1. To Be Completed by Studen a. Student Acknowledgment:					
<ul> <li>I understand the risks and pos</li> <li>I have read the ISEF Rules and this research.</li> <li>I have read and will abide by t</li> </ul>	l Guidelines and	l wil	l adhere to all Internat		
Student researchers are expected to mai misconduct are not condoned at any leve plagiarism, forgery, use or presentation oppojects will fail to qualify for competition	el of research or of other researc	cor her's	npetition. Such practic s work as one's own, an	es include but are not limited to	
Student's Printed Name	Signature	(M		Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)	
<ul> <li>b. Parent/Guardian Approval: I have Research Plan/Project Summary</li> </ul>			•	•	
Parent/Guardian's Printed Name	Signature		D	Pate Acknowledged (mm/dd/yy) (Must be prior to experimentation.)	
2. To be completed by the local (Required for projects requiring price)	or SRC/IRB APF		VAL. Sign 2a or 2b as a		
a. Required for projects that need prior SRC/IRB approval BEFORE experimentation (humans, vertebrates or potentially hazardous biological agents).		b. Required for research conducted at all Regulated Research Institutions with no prior fair SRC/IRB approval. This project was conducted at a regulated research institution			
The SRC/IRB has carefully studied this project's <b>Research Plan/ Project Summary</b> and all the required forms are included. My			(not home or high school, etc.), was reviewed and approved by the proper institutional board before experimentation and		
signature indicates approval of the <b>Research P</b>	•		1 ' '	Rules. Attach (1C) and any required	
Summary before the student begins experime			institutional approvals (		
SRC/IRB Chair's Printed Name					
Signature  Date of Approval (mm/dd/yy)  (Must be prior to experimentation.)			SRC Chair's Printed Nam	e	
			Signature	Date of Signature (mm/dd/yy) (May be after experimentation)	
3. Final ISEF Affiliated Fair SRC A	Approval (Re	qui	red for ALL Projec	ets)	
SRC Approval After Experimentation and Ber	•				
Regional SRC Chair's Printed Name	Signature			Date of Approval (mm/dd/yy)	

Signature

(where applicable)

State/National SRC Chair's Printed Name

Date of Approval (mm/dd/yy)