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

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

1. To Be Completed a. Student Acknowle		t and Parent	:			
<ul> <li>I understand the</li> </ul>	e risks and pos ISEF Rules and	Guidelines and	l wil	e of the proposed res I adhere to all Interna cs statement.	•	en conducting
Student researchers are exmisconduct are not condo plagiarism, forgery, use or projects will fail to qualify	ned at any leve presentation o	el of research or of other researc	con her's	npetition. Such practi s work as one's own, a	ices include but a	are not limited to
Student's Printed Name  Signature  b. Parent/Guardian Approval: I have read and				-	•	
Research Plan/Pro	ject Summary	r. I consent to m	ny cl	nild participating in t	his research.	
Parent/Guardian's Printed Name Signature				Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)		
2. To be completed k (Required for projects	•				appropriate.)	
a. Required for projects that need prior SRC/IRB approval BEFORE experimentation (humans, vertebrates or potentially hazardous biological agents).			OR	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 signature indicates approval of the <b>Research Plan/Project Summary</b> before the student begins experimentation.				(not home or high school, etc.), was reviewed and approved by the proper institutional board before experimentation and complies with the ISEF Rules. Attach (1C) and any required institutional approvals (e.g. IACUC, IRB).		
SRC/IRB Chair's Printed Name						
Signature	Date of Approval (mm/dd/yy) (Must be prior to experimentation.)			SRC Chair's Printed Name		
				Signature	Date of Si (May be af	ignature (mm/dd/yy) ter experimentation)
3. Final ISEF Affiliated	d Fair SRC A	Approval (Re	qui	red for ALL Proje	ects)	
SRC Approval After Experimal Certify that this project adher				_		Rules.

Signature

Signature

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(where applicable)

Regional SRC Chair's Printed Name

State/National SRC Chair's Printed Name

Date of Approval (mm/dd/yy)

Date of Approval (mm/dd/yy)