Approval Form (1B)
A completed form is required for each student, including all team members.

1) To Be Complete		and Parent				
a) Student Acknow	•			£ 41	and the	
	•	_		of the proposed resolvill adhere to all let	earcn pian. :ernational Rules when conducting this	
• rnave read u	ie iiitei iser kuies (and doldelines (DITE	wiii adhere to ali lift	ernational Rules when conducting this	
	nd will abide by the	following Ethic	s st	atement		
	-	•			anno atition. Such prostices include	
	e or presentation o	of other resear	che	r's work as one's o	competition. Such practices include wn, and fabrication of data. he Intel ISEF.	
Student's Printed Name Signature					Date Acknowledged (mm/dd/yy)	
			(Must be prior to experimentation.)			
	n Approval: I have romy child participa				sible dangers involved in the Research	
Parent/Guardian's Printed Name Signature				Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)		
2) To be completed	d by the local o	r affiliated	Fai	r SRC		
a) Required for project approval BEFORE expressions.	ts that need prior	SRC/IRB]	b) Required for Research Ins	research conducted at all Regulated titutions with no prior fair SRC/IRB	
biological agents)	3 or potertially flaz	ardous	OR	арргоча.		
					onducted at a regulated research	
The SRC/IRB has carefully studied this project's Research				institution (not home or high school, etc.), was		
Plan and all the required forms are included. My signature				reviewed and approved by the proper institutional		
indicates approval of the Research Plan before the student begins experimentation.				board before experimentation and complies with the Intel ISEF Rules. Attach (1C) and required institutional		
student begins experime	articulori.			approvals (e.g. IA		
CDC//DD CL ' / D ' + 1 N					•	
SRC/IRB Chair's Printed Name				CDC Chair/a Daiata	d Mara	
				SRC Chair's Printe	o Name	
Signature Date of Approval (mm/dd/yy) (Must be prior to experimentation.)				Signature	Date of Approval (mm/dd/yy)	
3) Final Intel ISEF	Affiliated Fair S	SRC Approva	al	(Required fo	r ALL Projects)	
SRC Approval After Explication I certify that this project						
Regional SRC Chair's Printed Name Signature					Date of Approval	
State/National SRC Chai	's Printed Name	Signature			Date of Approval	
					· · · · · · · · · · · · · · · · · ·	

(where applicable)