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

	and Daront				
1. To Be Completed by Student	and Parent				
a. Student Acknowledgment:	u. i	o of	the proposed rese	arch plan	
	ible dangers to me	601	hara to all Internat	ional Du	l.
I have read the ISEF Rules and 0	Guidelines and wi	II au	nere to an internat	ionai Ru	ies when conducting this
research.		-1-1			
 I have read and will abide by the 					
tudent researchers are expected to maintaine re not condoned at any level of research of r presentation of other researcher's work ompetition in affiliated fairs and ISEF.	r competition. Suc as one's own, and	h pr fabr	actices include but ication of data. Frau	are not l idulent p	imited to plagiarism, forgery, us projects will fail to qualify for
Ashley Cammiso	ashley	6	ammiso	_ 08	3-01-19
student's Printed Name	Signature		D	ate Acknowledged (mm/dd/yy) (Must be prior to experimentation.)	
b. Parent/Guardian Approval: I have				le dange	ers involved in the
Research Plan/Project Summary. I	consent to my oh	ildp	articipating in this		
Paula Cammiso	Jal		,	08	-01-19
Parent/Guardian's Printed Name	Signature				ate Acknowledged (mm/dd/yy)
			(Must be prior to experimentati		(Must be prior to experimentation.)
hazardous biological agents).	BEFORE experimentation (humans, vertebrates or potentially lazardous biological agents). RC/IRB has carefully studied this project's Research Plan/		Institutions with no prior fair SRC/IRB approval. This project was conducted at a regulated research institution (not home or high school, etc.), was reviewed and approved by the school of the scho		
Project Summary and all the required forms are included. My signature indicates approval of the Research Plan/Project Summary before the student begins experimentation.			proper institutional board before experimentation and complies with the ISEF Rules. Attach (1C) and any required institutional approvals (e.g. IACUC, IRB).		
est of the student begins experimentation.				C, IKD).	
SRC/IRB Chair's Printed Name			Robert Soel		
			SRC Chair's Printed I	0	01-13-20
Date of Approval (mm/dd/yy) (Must be prior to experimentation.)			Signature		Date of Signature (mm/dd/yy) (May be after experimentation)
		100			
Final ISEF Affiliated Fair SRC Ap	proval (Red	quir	ed for ALL Proj	ects)	
SRC Approval After Experimentation and Befor	e Competition at Re	giona	al/State/National Fair		
SRC Approval After Experimentation and Befor I certify that this project adheres to the approved	e Competition at Re	giona	al/State/National Fair		SEF Rules.
SRC Approval After Experimentation and Befor	e Competition at Re	giona	al/State/National Fair	with all I	SEF Rules. ate of Approval (mm/dd/yy)

(where applicable)

Date of Approval (mm/dd/yy)