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

1. To Be Completed by Student	and Parent				
 a. Student Acknowledgment: I understand the risks and poss I have read the Intel ISEF Rules this research. I have read and will abide by the 	and Guidelines	and will adhere to all		es when conducting	
Student researchers are expected to main misconduct are not condoned at any level plagiarism, forgery, use or presentation of projects will fail to qualify for competition	of research or o other research	ompetition. Such prader's work as one's own	ctices include but , and fabrication c	are not limited to	
Alex Breslav	(MUX)	Stula	06/23/19		
Student's Printed Name b. Parent/Guardian Approval: I have Research Plan/Project Summary.	Signature read and under	rstand the risks and p	Must be p) ossible dangers in	wledged (mm/dd/yy) rior to experimentation.) volved in the	
Victoria Breslav	M. Bruke		06/23/19		
Parent/Guardian's Printed Name	Signature			www.ledged (mm/dd/yy) brior to experimentation.)	
a. Required for projects that need prior SRC/IRB approval BEFORE experimentation (humans, vertebrates or potentially hazardous biological agents). The SRC/IRB has carefully studied this project's Research Plan/Project Summary and all the required forms are included. My signature indicates approval of the Research Plan/Project Summary before the student begins experimentation.		OR This project was of (not home or high by the proper instead complies with the	Institutions with no prior fair SRC/IRB approval.		
SRC/IRB Chair's Printed Name		SRC Chair's Printe	SRC Chair's Printed Name		
Signature Date of Appro (Must be prior to e	val (mm/dd/yy) xperimentation.)	Signature	Dat	e of Approval (mm/dd/yy)	
3. Final Intel ISEF Affiliated Fair S	SRC Approva	l (Required for	ALL Projects)		
SRC Approval After Experimentation and Befo I certify that this project adheres to the approv	ore Competition at ed Research Plan/	t Regional/State/Nationa Project Summary and co	a l Fair Implies with all Intel	ISEF Rules.	
Regional SRC Chair's Printed Name	Signature		Date of Ap	proval (mm/dd/yy)	

Signature

Date of Approval (mm/dd/yy)

(where applicable)

State/National SRC Chair's Printed Name