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

1	To	Re	Comp	leted	hv	Student	and	Parent
1.	- 10		COILID	CCCG	D Y	SCHOOLIC	MIIM	

- a. Student Acknowledgment:
  - I understand the risks and possible dangers to me of the proposed research plan.
  - I have read the ISEF Rules and Guidelines and will adhere to all International Rules when conducting this
  - I have read and will abide by the following Ethics statement

Student researchers are expected to maintain the highest standards of honesty and integrity. Scientific fraud and misconduct

ompetition in affiliated fairs and ISEF Siean Benson	( Xw/2-	7/10/19
Student's Printed Name	Signature	Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.) and possible dangers involved in the
<ul> <li>b. Parent/Guardian Approval: I</li> </ul>	flave read and understand the risks	and pecchare conger
b. Parent/Guardian Approval: I Research Plan/Project Summ	nary. I consent to my child participal	ting in this research.
b. Parent/Guardian Approval: I Research Plan/Project Summ Paul Benson	nary. I consent to my child participal	ting in this research. 7/10/19

<ul> <li>Required for projects that need prior SRC/IRB approval BEFORE experimentation (humans, vertebrates or potential hazardous biological agents).</li> <li>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 Sumbefore the student begins experimentation.</li> </ul>	OR	<ul> <li>Required for research conducted at all Regulated Research Institutions with no prior fair SRC/IRB approval.</li> <li>This project was conducted at a regulated research institution (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).</li> </ul>	
SRC/IRB Chair's Printed Name		SRC Chair's Printed Nar	me
Signature Date of Approval (mm/dd/y (Must be prior to experimentation)	ry) ion.)	Signature	Date of Signature (mm/dd/yy) (May be after experimentation)

## (Required for ALL Projects) 3. Final ISEF Affiliated Fair SRC Approval

SRC Approval After Experimentation and Bef I certify that this project adheres to the approv	ore Competition at Regional/State/National red Research Plan/Project Summary and com	Fair plies with all ISEF Rules.
Regional SRC Chair's Printed Name	Signature	Date of Approval (mm/dd/yy)
State/National SRC Chair's Printed Name (where applicable)	Signature	Date of Approval (mm/dd/yy)