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

| 1. | To Be | Completed | y Student | and Parent | |
|----|-------|-----------|-----------|------------|--|

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

| | Laven j | rtto | <u> 7/7/19</u> | |
|--|--|---|---|--|
| Student's Printed Name | Signature | | Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.) | |
| b. Parent/Guardian Approval: I h Research Plan/Project Summa | | | | |
| Kristina Kitts | Thisung | Than | 7/7/19 | |
| Parent/Guardian's Printed Name | Signature | | Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.) | |
| BEFORE experimentation (humans, vertical hazardous biological agents). The SRC/IRB has carefully studied this project Project Summary and all the required forms signature indicates approval of the Research Summary before the student begins experimentally. SRC/IRB Chair's Printed Name | t's Research Plan/ are included. My Plan/Project | 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 proper institutional board before experimentation and complies with the Intel ISEF Rules. Attach (1C) and any required institutional approvals (e.g. IACUC, IRB). SRC Chair's Printed Name | | |
| | pproval (mm/dd/yy) | Signature | Date of Approval (mm/dd/yy) | |
| Signature Date of Ap (Must be prior t | o experimentation.) | 1 | | |

| SRC Approval After Experimentation and Before Competition at Regional/State/National Fair I certify that this project adheres to the approved Research Plan/Project Summary and complies with all Intel 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) | | | | |