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

b. Parent/Guardian Approval: I have read and understand the risks and possible dangers involved in the Research Plan/Project Summary. I consent to my child participating in this research.  Parent/Guardian's Printed Name  Signature  Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)  2. To be completed by the local or affiliated Fair SRC (Required for projects requiring prior SRC/IRB APPROVAL. Sign 2a or 2b as appropriate.)  b. 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.  SRC/IRB Chair's Printed Name  Signature  Date of Approval (mm/dd/yy) (Must be prior to experimentation.)  SRC Chair's Printed Name  Signature  Date of Signature (mm/dd/yy) (May be after experimentation)				
I understand the risks and possible dangers to me of the proposed research plan. I have read the ISEF Rules and Guidelines and will alchere to all International Rules when conducting this research. 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 misconductare not condoned at any level of research or competition. Such practices include but are not limited to plagiarism, forgery, use or presentation of other researcher's work as one's own, and fabrication of data. Fraudulent projects will fail to qualify for competition in affiliated fairs and ISEF.  Student's Printed Name  Signature  Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)  Parent/Guardian's Printed Name  Signature  Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)  Signature  Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)  Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)  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. May signature indicates approval of the Research Plan/Project Summary and all the required forms are included. May signature indicates approval of the Research Plan/Project Summary and lither required forms are included. May signature indicates approval of the Research Plan/Project Summary and all the required forms are included. May signature indicates approval of the Research Plan/Project Summary and all the required forms are included. May signature indicates approval of the Research Plan/Project Summary and all the required forms are included. May signature indicates approval of the Research Plan/Project Summary and lither required forms are included. May signature indicates approval of the Research Plan/Project Summary and Institutions with no prior fair SRC/IRB approval.  SRC Chair's	<ol> <li>To Be Completed by Student :</li> </ol>	and Parent		
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Signature  Date of Approval (mm/dd/yy) (Must be prior to experimentation.)  Signature  Date of Signature (mm/dd/yy) (May be after experimentation)  Signature  Date of Signature (mm/dd/yy) (May be after experimentation)  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 ISEF Rules.	before the student begins experimentation.			
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	Regional SRC Chair's Printed Name	Signature		Date of Approval (mm/dd/yy)

Signature

State/National SRC Chair's Printed Name

(where applicable)

Date of Approval (mm/dd/yy)

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

1. To Be Completed by Student a	nd Parent			
a. Student Acknowledgment:				
<ul> <li>I understand the risks and possil</li> </ul>	ble dangers to me	of the proposed re	search plan.	
<ul> <li>I have read the ISEF Rules and G research.</li> </ul>	iuidelines and wil	l adhere to all Interi	national Rules when	conducting this
I have read and will abide by the	following Ethics	statement		
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Lean Mayeri	Leay	Mayene	9	115/19
Student's Printed Name	Signature	O	(Must be r	owledged (mm/dd/yy) prior to experimentation.)
<ul> <li>b. Parent/Guardian Approval: I have r Research Plan/Project Summary. I</li> </ul>	ead and understa consent to my chi	and the risks and po ild participating in t	ssible dangers involv	ed in the
ZINIA MAYERT	Pu A	MA	91	15/19
Parent/Guardian's Printed Name	Signature			owledged (mm/dd/yy) prior to experimentation.)
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signature indicates approval of the Research Plan before the student begins experimentation.	/Project Summary	with the ISEF Ru approvals (e.g. I	ıles. Attach (1C) and an	imentation and complies y required institutional
SRC/IRB Chair's Printed Name		SRC Chair's Prin	ted Name	
Signature Date of Appro (Must be prior to e	oval (mm/dd/yy) experimentation.)	Signature	Dat (May	re of Signature (mm/dd/yy) y be after experimentation)
3. Final ISEF Affiliated Fair SRC Ap	proval (Red	quired for ALL F	Projects)	
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Regional SRC Chair's Printed Name	Signature		Date of Ap	proval (mm/dd/yy)
State/National SRC Chair's Printed Name	Signature		Date of Ap	proval (mm/dd/yy)

(where applicable)

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 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

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or presentation of other researcher's wor competition in affiliated fairs and ISEF.	k as one's own, and fabrication of data.	Fraudulent projects will fail to qualify for
Ashley Hakakian	Coshleyhakaklan	9/15/19
Student's Printed Name	Signature	Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)
	re read and understand the risks and pr v. I consent to my child participating in	
Jennia Hakakian	- who wollen	9/15/19
Parent/Guardian's Printed Name	Signature	Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)

2. To be completed by the local or affiliated Fair SRC (Required for projects requiring prior SRC/IRB APPROVAL. Sign 2a or 2b as appropriate.)

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Project Summary ar signature indicates a	refully studied this project's Research Plan/ and all the required forms are included. My approval of the Research Plan/Project Summary begins experimentation.	(not home of proper instit with the ISEI	r high school, et cutional board be	at a regulated research institution (c.), was reviewed and approved by the efore experimentation and complies (1C) and any required institutional
SRC/IRB Chair's Prin	nted Name	SRC Chair's	Printed Name	
Signature	Date of Approval (mm/dd/yy) (Must be prior to experimentation.)	Signature		Date of Signature (mm/dd/yy) (May be after experimentation)

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

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 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)