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

1. To Be Completed by Student	t and Parent					
 a. Student Acknowledgment: • I understand the risks and pos 	ssible dangers to me	of the pro	nosed research	nlan.		
 I have read the ISEF Rules and 	•		•	•	en conducting this	
research.					<u>-</u>	
 I have read and will abide by t 	_					
Student researchers are expected to mair are not condoned at any level of research or presentation of other researcher's wor competition in affiliated fairs and ISEF.	or competition. Such	practices	include but are	not limited	l to plagiarism, forgery, use	
Uma Arengo	Uma O	vengo		5/1	/19	
Student's Printed Name	Signature	nature			Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)	
b. Parent/Guardian Approval: I have Research Plan/Project Summary				dangers in	·	
Sebantian Umos	Lebistian	Lebestan Uno o			/19	
Parent/Guardian's Printed Name Sebastian Arento	Signature			Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)		
2. To be completed by the local of (Required for projects requiring prior a. Required for projects that need prior SRO	or SRC/IRB APPROV	/AL. Sign 2		· · · · · · · · · · · · · · · · · · ·	ted at all Regulated Research	
BEFORE experimentation (humans, vertebrates or potentially hazardous biological agents).			Institutions with no prior fair SRC/IRB approval. OR This project was conducted at a regulated research institution			
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.			(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).			
SRC/IRB Chair's Printed Name			SRC Chair's Printed Name			
	pproval (mm/dd/yy) r to experimentation.)	Signa	nture		Date of Signature (mm/dd/yy) (May be after experimentation)	
3. Final ISEF Affiliated Fair SRC	Approval (Re	quired f	or ALL Proje	ects)		
SRC Approval After Experimentation and Be I certify that this project adheres to the appro				with all ISEF	Rules.	

Date of Approval (mm/dd/yy)

Date of Approval (mm/dd/yy)

Signature

Signature

Regional SRC Chair's Printed Name

(where applicable)

State/National SRC Chair's Printed Name