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

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1. To Be Completed by Student an	d Parent				
a. Student Acknowledgment:					
	The state of the s				
 I have read the ISEF Rules and Guresearch. 	idelines and will	l adh	ere to all Internationa	l Rules when conducting this	
 I have read and will abide by the fe 	ollowing Ethics s	state	ment		
Student researchers are expected to maintain are not condoned at any level of research or co or presentation of other researcher's work as competition in affiliated fairs and ISEF.	ompetition. Such	n pra	ctices include but are r	not limited to plagiarism, forgery, use	
David Frank	1 Mul		ine	1/4/19	
Student's Printed Name	Signature			Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)	
 b. Parent/Guardian Approval: I have re Research Plan/Project Summary. I co 					
Michael Frank	Munkage	1	III	ılulıa	
Parent/Guardian's Printed Name	Signature		<u> </u>	Date Acknowledged (mm/dd/yy) (Must be prior 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	Institutions with no This project was conduct (not home or high school proper institutional boa	rch conducted at all Regulated Research oprior fair SRC/IRB approval. ted at a regulated research institution ol, etc.), was reviewed and approved by the rd before experimentation and complies ach (1C) and any required institutional RB).	
Robert Soe)					
RC/IRB Chairs Printed Name			SRC Chair's Printed Name		
Signature Date of Approx (Must be prior to ex			Signature	Date of Signature (mm/dd/yy) (May be after experimentation)	
3. Final ISEF Affiliated Fair SRC App	proval (Re	」 quir	ed for ALL Projec	cts)	
SRC Approval After Experimentation and Before I certify that this project adheres to the approved				ith all ISEF Rules.	
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)