

## Qualified Scientist Form (2)

May be required for research involving human participants, vertebrate animals, potentially hazardous biological agents, and hazardous substances and devices. Must be completed and signed before the start of student experimentation.

Student's Name(s) **Emma G. Yeung**

Title of Project **Synthesis and Temperature-dependent Phase Behavior of a Dendritic Dipeptide**

### To be completed by the Qualified Scientist:

Scientist Name: **Jonathan G. Rudick**

Educational Background: **University of Pennsylvania**

Degree(s): **PhD**

Experience/Training as relates to the student's area of

research: **20 years experience synthesizing and characterizing liquid crystalline polymers**

**Associate Professor**

Position:

**1 John Toll Rd, Stony Brook, NY 11794**

Address:

**Stony Brook University**

Institution:

**jon.rudick@stonybrook.edu**

Email/Phone:

1. Have you reviewed the ISEF rules relevant to this project?

☒ Yes ☐ No

2. Will any of the following be used?

a. Human participants

☐ Yes ☒ No

b. Vertebrate animals

☐ Yes ☒ No

c. Potentially hazardous biological agents (microorganisms, rDNA and tissues, including blood and blood products)

☐ Yes ☒ No

d. Hazardous substances and devices

☒ Yes ☐ No

3. Will this study be a sub-set of a larger study?

☒ Yes ☐ No

4. Will you directly supervise the student?

☐ Yes ☒ No

a. If no, who will directly supervise and serve as the Designated Supervisor?

**Sang uk Han**

b. Experience/Training of the Designated Supervisor:

**3 years as a graduate student with Prof. Rudick**

### To be completed by the Qualified Scientist:

I certify that I have reviewed and approved the Research Plan/Project Summary prior to the start of the experimentation. If the student or Designated Supervisor is not trained in the necessary procedures, I will ensure her/his training. I will provide advice and supervision during the research. I have a working knowledge of the techniques to be used by the student in the Research Plan/Project Summary. I understand that a Designated Supervisor is required when the student is not conducting experimentation under my direct supervision.

**Jonathan G. Rudick**

Qualified Scientist's Printed Name



Signature

**07/14/19**

Date of Approval (mm/dd/yy)

### To be completed by the Designated Supervisor when the Qualified Scientist cannot directly supervise.

I certify that I have reviewed the Research Plan/Project Summary and have been trained in the techniques to be used by this student, and I will provide direct supervision.

**Sang uk Han**

Designated Supervisor's Printed Name



Signature

**07/14/19**

Date of Approval (mm/dd/yy)

**631-632-1756**

Phone

**sanguk.han@stonybrook.edu**

Email