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

<ol> <li>To Be Completed by Student and Par</li> </ol>	enτ
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- a. Student Acknowledgment:

<ul> <li>I have read the research.</li> </ul>	ISEF Rules and Guideling will abide by the follow	nes and will a	adhe	ere to all International		ng this	
Student researchers are exare not condoned at any le or presentation of other recompetition in affiliated fa	vel of research or compe esearcher's work as one's dreamd ISEE	tition. Such own, and fa	prac bric	tices include but are nation of data. Fraudule	ot limited to plagiarisment projects will fail to	n, forgery, use qualify for	
hevin Hoxha		lerin	99h	x/ner	06/15/	19	
Student's Printed Name	<del>-</del>	ature			Date Acknowledged (Must be prior to exp	erimentation.)	
	<b>Approval:</b> I have read an oject Summary. I consen						
Parid Hoxha	· · ·	Hod	-		06/15/	19	
Parent/Guardian's Printed	l Name Sign	ature /			Date Acknowledged (Must be prior to exp		
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/			OR	Institutions with no	research conducted at all Regulated Research ith no prior fair SRC/IRB approval.  Inducted at a regulated research institution is school, etc.), was reviewed and approved by the		
Project Summary and all the required forms are included. My signature indicates approval of the Research Plan/Project Summary before the student begins experimentation.				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 Nam	ne			SRC Chair's Printed Nam	ne	th	
Signature	Date of Approval (mn (Must be prior to experim			Signature	Date of Signat (May be after expo	cure (mm/dd/yy) erimentation)	
3. Final ISEF Affiliate	ed Fair SRC Approv	al (Req	ا uir(	ed for ALL Projec	ts)		
SRC Approval After Experin I certify that this project adh			-		th all ISEF Rules.		
Regional SRC Chair's Printed	l Name Signa	ature.	**************************************		Date of Approval (mi	m/dd/yy)	

Signature

State/National SRC Chair's Printed Name

(where applicable)

Date of Approval (mm/dd/yy)