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 ISEE Rules and Guidelines and will adhere to all International Rules when conducting this

research.		the following Ethics st		nar Rules when conducting this	
Student researchers are not condoned at an or presentation of othe	e expected to mair y level of research r researcher's wor	ntain the highest stand or competition. Such	dards of honesty and int practices include but ar	tegrity. Scientific fraud and misconduct re not limited to plagiarism, forgery, use lulent projects will fail to qualify for	
competition in affiliated MARIAM QULA		- Mada	Duff.	01/07/19	
Student's Printed Nam	e	Signature	γ.	Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)	
			nd the risks and possible d participating in this re	e dangers involved in the	
ZOHRA SIDDI	,	- John oth	menddiger,	01/07/19	
Parent/Guardian's Prir	itea iname	Signature√		Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)	
	ects requiring pric	or SRC/IRB APPROVA	AL. Sign 2a or 2b as app		
a. Required for projects that need prior SRC/IRB approval BEFORE experimentation (humans, vertebrates or potentially hazardous biological agents).			b. Required for research conducted at all Regulated Research Institutions with no prior fair SRC/IRB approval. OR		
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.			This project was conducted at a regulated research institution (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 I	Name		SRC Chair's Printed N	Vame	
Signature	•	pproval (mm/dd/yy) to experimentation.)	Signature	Date of Signature (mm/dd/yy) (May be after experimentation)	
3. Final ISEF Affilia	ated Fair SRC	Approval (Req	uired for ALL Proj	ects)	
			gional/State/National Fair ect Summary and complies		
Regional SRC Chair's Pri	nted Name	Signature		Date of Approval (mm/dd/yy)	
State/National SRC Chai	r's Printed Name	Signature		Date of Approval (mm/dd/yy)	

(where applicable)