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

| | id Parent | Student and | by | Completed | Be | To | 1. |
|--|-----------|-------------|----|-----------|----|----|----|
|--|-----------|-------------|----|-----------|----|----|----|

a. Student Acknowledgment:

| I understand the risks and possib I have read the ISEF Rules and G research. I have read and will abide by the | uidelines and wil | ll adhe | ere to all International R | | hen conducting this |
|---|--|---------|--|---|---|
| Student researchers are expected to maintain are not condoned at any level of research or or presentation of other researcher's work a competition in affiliated fairs and ISEF. | competition. Suc | h prac | tices include but are no | t limite | ed to plagiarism, forgery, use |
| b. Parent/Guardian Approval: I have re Research Plan/Project Summary. I d | | | | Mus) ngers i | Acknowledged (mm/dd/yy) st be prior to experimentation.) nvolved in the |
| 15aり KvaqTávilli Parent/Guardian's Printed Name | | | ` _ | Date / | Acknowledged (mm/dd/yy) |
| as Citty Guardians i Finted Name | Signature | | | | st be prior to experimentation.) |
| a. Required for projects that need prior SRC/IR BEFORE experimentation (humans, vertebra hazardous biological agents). The SRC/IRB has carefully studied this project's Re Project Summary and all the required forms are in signature indicates approval of the Research Plan, before the student begins experimentation. | B approval tes or potentially esearch Plan/ cluded. My | OR | b. Required for research Institutions with no p This project was conducted (not home or high school, of proper institutional board | n condu rior fai d at a re etc.), wa before o | rcted at all Regulated Research r SRC/IRB approval. gulated research institution as reviewed and approved by the experimentation and complies and any required institutional |
| SRC/IRB Chair's Printed Name | | | SRC Chair's Printed Name | _ | 1/28/20 |
| Signature Date of Appro (Must be prior to e | val (mm/dd/yy) xperimentation.) | | Signature | | Date of Signature (mm/dd/yy) (May be after experimentation) |
| 3. Final ISEF Affiliated Fair SRC Ap | proval (Re | quire | ed for ALL Projects | s) | |
| SRC Approval After Experimentation and Before I certify that this project adheres to the approved | | _ | | all ISEF | Rules. |

| I certify that this project adheres to the appro- | ed Research Plan/Project Summar | y and complies with all ISEF Rules. |
|--|---------------------------------|-------------------------------------|
| Regional SRC Chair's Printed Name | Signature | Date of Approval (mm/dd/yy) |
| State/National SRC Chair's Printed Name (where applicable) | Signature | Date of Approval (mm/dd/yy) |