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

1. To Be C	completed	ov Student	and Parent
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- a. Student Acknowledgment:
 - I understand the risks and possible dangers to me of the proposed research plan.

I have read the ISEF Rules research. I have read and will abide I			al Rules when conducting this	
Student researchers are expected to n	maintain the highest stand irch or competition. Such work as one's own, and fa	dards of honesty and inte	not limited to plagiarism, forgery, use	
Alexis Krayevsky	allus	krayensky	07/1/2019	
Student's Printed Name	Signature	0 8	Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)	
 b. Parent/Guardian Approval: I Research Plan/Project Summ Yanina Krayevsky 				
Parent/Guardian's Printed Name	Signature		Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)	
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. SRC/IRB Chair's Printed Name		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 Chair's printed Name		
	of Approval (mm/dd/yy) orior to experimentation.)	Signature	Date of Signature (mm/dd/yy) (May be after experimentation)	
3. Final ISEF Affiliated Fair SR	A STATE OF THE STA	quired for ALL Proje	ects)	
SRC Approval After Experimentation and I certify that this project adheres to the ap			with all ISEF Rules.	
Regional SRC Chair's Printed Name	Signature		Date of Approval (mm/dd/yy)	
State/National SRC Chair's Printed Name	Signature		Date of Approval (mm/dd/yy)	

SRC Approval After Experimentation and Bef I certify that this project adheres to the approv		
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)