

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) Julianne Lampert

Title of Project Epitaxial Growth and Characterization of a Novel (001) Cd₃As₂ Thin Film on a Lattice M

To be completed by the Qualified Scientist:

Scientist Name: Timo Schumann

Educational Background: Physics

Degree(s): PhD

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

Project Scientist

University of California, Santa Barbara

Position:

Institution:

Santa Barbara, CA 93106

Address:

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?

Manik Goyal

b. Experience/Training of the Designated Supervisor:

Graduate student researcher

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.

Timo Schumann

Qualified Scientist's Printed Name

T. Schumann

Signature

6/26/19

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.

Manik Goyal

Designated Supervisor's Printed Name

Manik Goyal

Signature

06/26/19

Date of Approval (mm/dd/yy)

(805)8936128

Phone

manikgoyal@ucsb.edu

Email