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

	Completed by Student	and Parent						
	_	scible dangers to me	of ti	he proposed research i	olan			
	<ul> <li>I understand the risks and possible dangers to me of the proposed research plan.</li> <li>I have read the ISEF Rules and Guidelines and will adhere to all International Rules when conducting this</li> </ul>							
•	research.  I have read and will abide by the following Ethics statement							
are not co or present	ndoned at any level of research	or competition. Such	pra	ctices include but are n	rity. Scientific fraud and misconduct oot limited to plagiarism, forgery, use ent projects will fail to qualify for			
Jude To		Judi	Je.	me	5/25/19			
Student's	Printed Name	Signature			Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)			
b. Pa	rent/Guardian Approval: I havesearch Plan/Project Summary	ve read and understa y. I consent to my chi	nd t Id pa	he risks and possible d articipating in this rese	angers involved in the			
	Tomas	time	)		5/25/19			
Parent/Gu	uardian's Printed Name	Signature			Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)			
BEFORE experimentation (humans, vertebrates or potentially hazardous biological agents).  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.			OR	Institutions with no prior fair SRC/IRB approval.  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 C	Chair's Printed Name			SRC Chair's Printed Nan	ne			
Signature		pproval (mm/dd/yy) r to experimentation.)		Signature	Date of Signature (mm/dd/yy) (May be after experimentation)			
3. Final	ISEF Affiliated Fair SRC	Approval (Red	ı qui	red for ALL Projec	ts)			
	roval After Experimentation and Behat this project adheres to the appro				ith all ISEF Rules.			
Regional	SRC Chair's Printed Name	Signature			Date of Approval (mm/dd/yy)			
State/Nat	tional SRC Chair's Printed Name	Signature		, , , , , , , , , , , , , , , , , , ,	Date of Approval (mm/dd/yy)			

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

<ol> <li>To Be Completed by Student an         <ul> <li>Student Acknowledgment:</li> <li>I understand the risks and possible</li> <li>I have read the ISEF Rules and Guresearch.</li> <li>I have read and will abide by the formula in the students.</li> </ul> </li> </ol>	e dangers to me idelines and will	adhere to all Inter	esearch plan. national Rules when conducting this
Student researchers are expected to maintain are not condoned at any level of research or coor presentation of other researcher's work as competition in affiliated fairs and ISEF.	the highest stan ompetition. Such one's own, and fa	dards of honesty a practices include abrication of data.	out are not limited to plagiarism, forgery, use Fraudulent projects will fail to qualify for
Kelvin Cheng	Jelvin	Thing	5/25/2019
Student's Printed Name	Signature		Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)
<ul> <li>b. Parent/Guardian Approval: I have re Research Plan/Project Summary. I co</li> </ul>	ad and understa onsent to my chil	nd the risks and po ld partigipating in	issible dangers involved in the this research.
Lihong Cheng	(P) 11-	Theya	5/25/2019
Parent/Guardian's Printed Name	Signature	0	Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)
a. Required for projects that need prior SRC/IRE BEFORE experimentation (humans, vertebrate hazardous biological agents).  The SRC/IRB has carefully studied this project's Re Project Summary and all the required forms are inc signature indicates approval of the Research Plan/ before the student begins experimentation.  SRC/IRB Chair's Printed Name  Date of Approx  (Must be priest to see the student begins to see the see th	es or potentially esearch Plan/ cluded. My Project Summary  val (mm/dd/yy)	Institutio OR This project wa (not home or h proper institut	Inted Name  Date of Signature (mm/dd/yy)
(Must be prior to ex			(May be after experimentation)
3. Final ISEF Affiliated Fair SRC App SRC Approval After Experimentation and Before I certify that this project adheres to the approved Regional SRC Chair's Printed Name State/National SRC Chair's Printed Name	Competition at Re		al Fair