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 Intel ISEF Rules and Guidelines and will adhere to all International Rules when conducting

<ul><li>this research.</li><li>I have read and will abide b</li></ul>	y the following Ethi	ics st	atement		
Student researchers are expected to misconduct are not condoned at any le plagiarism, forgery, use or presentatio projects will fail to qualify for competi	evel of research or c n of other researche	omp er's w	etition. Such practice ork as one's own, and	s include but are not limited to	
Madeline Competello		12	Congestello	06/27/19	
Student's Printed Name	Signature		,	Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)	
<ul> <li>b. Parent/Guardian Approval: I h</li> <li>Research Plan/Project Summa</li> </ul>				ole dangers involved in the	
Keri Competello	_ Ku (	m	roetello	06/27/19	
Parent/Guardian'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	b. Required for research conducted at all Regulated Research 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 Intel ISEF Rules. Attach (1C) and any required institutional approvals (e.g. IACUC, IRB).		
SRC/IRB Chair's Printed Name			SRC Chair's Printed Nar	me	
	proval (mm/dd/yy) o experimentation.)		Signature	Date of Approval (mm/dd/yy)	
3. Final Intel ISEF Affiliated Fai	r SRC Approval	. (F	Required for ALL	Projects)	
SRC Approval After Experimentation and E I certify that this project adheres to the app					
Regional SRC Chair's Printed Name	Signature		A TOTAL COMMISSION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATION AND ADMINISTRATIO	Date of Approval (mm/dd/yy)	

SRC Approval After Experimentation and Before Competition at Regional/State/National Fair I certify that this project adheres to the approved Research Plan/Project Summary and complies with all Intel 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)	