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

1.	То	Be	Comp	leted	by	Stude	nt	and	Par	ent

- a. Student Acknowledgment:
  - I understand the risks and possible dangers to me of the proposed research plan.
  - I have read the ISEF Rules and Guidelines and will adhere to all International Rules when conducting this research.

I have read a	nd will abide by tl	he following Ethics	staten	nent		
	level of research researcher's worl	or competition. Suc	h prac	tices include but a	re not limited	ntific fraud and misconduct d to plagiarism, forgery, use ts will fail to qualify for
Sarah Pomerantz		du 1	mi	<u> </u>	7/6/20 <sup>-</sup>	19
Student's Printed Name b. Parent/Guardia Research Plan/F	n Approval: I have	Signature e read and understa . I consent to mych		•	Must) Ile dangers in	cknowledged (mm/dd/yy) be prior to experimentation.) volved in the
Kathleen Pomerantz	2	Him			7/6/201	9
Parent/Guardian's Print	ed Name	Signature				cknowledged (mm/dd/yy) be prior to experimentation.)
The SRC/IRB has carefully Project Summary and all the signature indicates approve before the student begins of SRC/IRB Chair's Printed National Project SRC/IRB Chair Project SRC/IRB Chair Printed National Printed National Printed National Printed National Printed National Printed National Printed Nat	e required forms ar al of the Research Pl experimentation.	e included. My		proper institutional	board before e Attach (1C) an JC, IRB).	s reviewed and approved by the xperimentation and complies d any required institutional
Signature		proval (mm/dd/yy) to experimentation.)		Signature		Date of Signature (mm/dd/yy) (May be after experimentation)
3. Final ISEF Affilia SRC Approval After Exper I certify that this project a	imentation and Bet	fore Competition at R	egional		ir	Rules.
Regional SRC Chair's Print	ed Name	Signature		A section of the sect	Date	of Approval (mm/dd/yy)
State/National SRC Chair' (where applicable)	s Printed Name	Signature		·	Date	of Approval (mm/dd/yy)