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 possib I have read the ISEF Rules and G research. I have read and will abide by the 	uidelines and will	adh	ere to all Internationa		
Student researchers are expected to maintai are not condoned at any level of research or or presentation of other researcher's work a competition in affiliated fairs and ISEF.	in the highest stan competition. Such	dard pra	ds of honesty and integ	not limited to plagiarism, forgery, use	
Student's Printed Name	Signature		·	Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)	
 b. Parent/Guardian Approval: I have r Research Plan/Project Summary. I d 					
Dominique Penson	n M			06/02/19	
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	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 Chair's Printed Name			SRC Chair's Printed Na	me	
Signature Date of Appro (Must be prior to	oval (mm/dd/yy) experimentation.)		Signature	Date of Signature (mm/dd/yy) (May be after experimentation)	
3. Final ISEF Affiliated Fair SRC Approval After Experimentation and Befor I certify that this project adheres to the approved	re Competition at Re	egion			
Regional SRC Chair's Printed Name	Signature			Date of Approval (mm/dd/yy)	
State/National SRC Chair's Printed Name	Signature		3	Date of Approval (mm/dd/yy)	

(where applicable)