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

1	To Re	Complete	d b	v Student	and Parent
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- 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 and will abide by the following Ethics statement

Sophia Jang	Somul	Me	7/10/19
Student's Printed Name	Signature	0	Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)
b. Parent/Guardian Approval: I h Research Plan/Project Summa			sible dangers involved in the
Seogjoo Jang	Deem	nd participating inter	7/10/19
Parent/Guardian's Printed Name	Signature		Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)

a.	Required for projects that need prior SRC/IRB approval BEFORE experimentation (humans, vertebrates or potentially		b. Required for research conducted at all Regulated Research Institutions with no prior fair SRC/IRB approval.
	hazardous biological agents).	OR	
			This project was conducted at a regulated research institution
The SRC/IRB has carefully studied this project's Research Plan/			(not home or high school, etc.), was reviewed and approved by the
Project Summary and all the required forms are included. My			proper institutional board before experimentation and complies
signature indicates approval of the Research Plan/Project Summary			with the ISEF Rules. Attach (1C) and any required institutional
before the student begins experimentation.			approvals (e.g. IACUC, IRB).
SRC/IRB Chair's Printed Name			Raymond Gressner
			SRC Chair's Printed Name
	<u> </u>	-	F19 1/29/2020
Sig	nature Date of Approval (mm/dd/yy) (Must be prior to experimentation.)		Signature Date of Signature (mm/dd/yy) (May be after experimentation)

3. Final ISEF Affiliated Fair SRC Approval (Required for ALL Projects)

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 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)			