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	e of the proposed research plan
I have read the ISEE Rules and Guidelines and wi	Il adhere to all International Rules when conducting this
research.	n adhere to an international Rules when conducting this
 I have read and will abide by the following Ethics 	statement
are not condoned at any level of research or competition. Such or presentation of other researcher's work as one's own, and competition in affiliated fairs and ISEF.	-
11/1	6/13/2019
Student's Printed Name Signature	Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)
b. Parent/Guardian Approval: I have read and understa Research Plan/Project Summary. I consent to my ch	and the risks and possible dangers involved in the
Don's Chen-Pinzon	6/13/2019
Parent/Guardian's Printed Name Signature	Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)
(Required for projects requiring prior SRC/IRB APPRO)	/AL. Sign 2a or 2b as appropriate.)
 Required for projects that need prior SRC/IRB approval BEFORE experimentation (humans, vertebrates or potentially hazardous biological agents). 	b. Required for research conducted at all Regulated Research Institutions with no prior fair SRC/IRB approval. OR
The CDC //DD has asset distributed to take and a large of	This project was conducted at a regulated research institution
The SRC/IRB has carefully studied this project's Research Plan/ Project Summary and all the required forms are included. My	(not home or high school, etc.), was reviewed and approved by the
signature indicates approval of the Research Plan/Project Summary	proper institutional board before experimentation and complies
before the student begins experimentation.	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 Name
Signature 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 (Red	quired for ALL Projects)
SRC Approval After Experimentation and Before Competition at Re	egional/State/National Fair
I certify that this project adheres to the approved Research Plan/Pro	ject Summary and complies with all ISEF Rules.

Signature

Signature

Regional SRC Chair's Printed Name

(where applicable)

State/National SRC Chair's Printed Name

Date of Approval (mm/dd/yy)

Date of Approval (mm/dd/yy)