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

<ol> <li>To Be Completed by Student and Parer</li> </ol>	L.	To	Be	Compl	eted	by	Student	and	Parer	it
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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

Priya Chainani	Prya C	Chainani	06/19/19
Student's Printed Name  b. Parent/Guardian Approval: I have Research Plan/Project Summary.			
Heency Chairnani	HRU	~	06/19/19
Parent/Guardian's Printed Name	Signature		Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)
a. Required for projects that need prior SRC/BEFORE experimentation (humans, verteb) hazardous biological agents).	IRB approval	b. Required for Institutions	
<ul> <li>a. Required for projects that need prior SRC/BEFORE experimentation (humans, vertebed hazardous biological agents).</li> <li>The SRC/IRB has carefully studied this project's Project Summary and all the required forms are signature indicates approval of the Research Plan</li> </ul>	IRB approval rates or potentially Research Plan/ included. My	b. Required for Institutions  OR  This project was of (not home or high proper institution with the ISEF Rule)	research conducted at all Regulated Research with no prior fair SRC/IRB approval.  onducted at a regulated research institution school, etc.), was reviewed and approved by the all board before experimentation and complies es. Attach (1C) and any required institutional
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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)			