

Qualified Scientist Form (2)

May be required for research involving human participants, vertebrate animals, potentially hazardous biological agents, and hazardous substances and devices. Must be completed and signed before the start of student experimentation.

Student's Name(s) Rohan Subramani

Title of Project TESS Updates to Plan JWST Observations for Atmospheric Characterization of Promising Exoplanets

To be completed by the Qualified Scientist:

Scientist Name: Sara Seager

Educational Background: Undergraduate and graduate training. Degree(s): BSc., PhD.

Experience/Training as relates to the student's area of research:

Over 20 years of experience working in the student's area of research.

Position: Professor

Institution: Massachusetts Institute of Technology

Address: 77 Massachusetts Avenue, Cambridge MA Email/Phone: seager@mit.edu

1) Have you reviewed the Intel ISEF rules relevant to this project? ☒ Yes ☐ No

2. Will any of the following be used?

- | | | |
|---|------------------------------|--|
| a. Human participants | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Vertebrate animals | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Potentially hazardous biological agents (microorganisms, rDNA and tissues, including blood and blood products) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Hazardous substances and devices | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

3. Will this study be a sub-set of a larger study? ☒ Yes ☐ No

4. Will you directly supervise the student? ☐ Yes ☒ No

a. If no, who will directly supervise and serve as the Designated Supervisor? Tansu Daylan

b. Experience/Training of the Designated Supervisor:
PhD, current postdoc

To be completed by the Qualified Scientist:

I certify that I have reviewed and approved the Research Plan/Project Summary prior to the start of the experimentation. If the student or Designated Supervisor is not trained in the necessary procedures, I will ensure her/his training. I will provide advice and supervision during the research. I have a working knowledge of the techniques to be used by the student in the Research Plan/Project Summary. I understand that a Designated Supervisor is required when the student is not conducting experimentation under my direct supervision.

Sara Seager

Qualified Scientist's Printed Name

S Seager

Signature

07/01/19

Date of Approval (mm/dd/yy)

To be completed by the Designated Supervisor when the Qualified Scientist cannot directly supervise.

I certify that I have reviewed the Research Plan/Project Summary and have been trained in the techniques to be used by this student, and I will provide direct supervision.

Tansu Daylan

Designated Supervisor's Printed Name

Tansu Daylan

Signature

07/01/19

Date of Approval (mm/dd/yy)

6179028724

Phone

tdaylan@mit.edu

Email