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

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1. To Be Completed by Stude	ent and Parent		
a. Student Acknowledgment:I understand the risks and	nossible dangers to	me of the proposed re	esearch nian
 I have read the Intel ISEF R 	•	• •	International Rules when conducting
this research.			
I have read and will abide be	•		
Student researchers are expected to misconduct are not condoned at any leplagiarism, forgery, use or presentation projects will fail to qualify for competitional competitions of the projects will fail to qualify for competitions of the projects will fail to qualify for competitions of the projects will fail to qualify for competitions of the projects will be projected to misconductions of the project of the	level of research or co on of other researche	competition. Such pract er's work as one's own,	tices include but are not limited to
Student's Printed Name	Signature		Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)
b. Parent/Guardian Approval: I h Research Plan/Project Summa			ssible dangers involved in the
Bina O'Neill	RA)	Hend &	07/19/19
Parent/Guardian's Printed Name	Signature	Na C	Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)
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.		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 Intel ISEF Rules. Attach (1C) and any required institutional approvals (e.g. IACUC, IRB).	
SRC/IRB Chair's Printed Name		SRC Chair's Printed	l Name
	pproval (mm/dd/yy) to experimentation.)	Signature	Date of Approval (mm/dd/yy)
3. Final Intel ISEF Affiliated Fa			
I certify that this project adheres to the app			
Regional SRC Chair's Printed Name	Signature		Date of Approval (mm/dd/yy)
State/National SRC Chair's Printed Name	Signature		Date of Approval (mm/dd/yy)

(where applicable)