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

The state of the s		200			
To Be Completed by Studen a. Student Acknowledgment:	t and Parent				
I understand the risks and po	ssible dangers to me	oft	he proposed rese	arch plan.	
 I have read the ISEF Rules an research. 	d Guidelines and wil	l adh	nere to all Interna	tional Rules v	vhen conducting this
I have read and will abide by	the following Ethics	state	ement		
Student researchers are expected to mai are not condoned at any level of research or presentation of other researcher's wo competition in affiliated fairs and ISEF. Julia Kindler	ntain the highest star	ndar h pra fabri	ds of honesty and actices include but cation of data. Fra	are not limite	ed to plagiarism, forgery, use ects will fail to qualify for
- Cana Tanalor		_/\			
Student's Printed Name b. Parent/Guardian Approval: I have Research Plan/Project Summan				(Mu: ble dangers i	Acknowledged (mm/dd/yy) st be prior to experimentation.) nvolved in the
Amy Kindler	y. r consent to my cm	alu pa	articipating in this	8/30/1	9
		L V			
Parent/Guardian's Printed Name	Signature				Acknowledged (mm/dd/yy) st 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.		OR	This project was co (not home or high proper institutional	with no prior fair SRC/IRB approval. Inducted at a regulated research institution school, etc.), was reviewed and approved by the liboard before experimentation and complies s. Attach (1C) and any required institutional CUC, IRB).	
SRC/IRB Chair's Printed Name			SRC Chair's Printed Name		
-	pproval (mm/dd/yy) to experimentation.)	27	Signature		Date of Signature (mm/dd/yy) (May be after experimentation)
3. Final ISEF Affiliated Fair SRC	Approval (Red] quir	ed for ALL Pr	ojects)	
SRC Approval After Experimentation and Be I certify that this project adheres to the appro					F Rules.
Regional SRC Chair's Printed Name Signature				Date	of Approval (mm/dd/yy)
State/National SRC Chair's Printed Name Signature					of Approval (mm/dd/yy)

(where applicable)