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 of the proposed research plan.
 - and the ISEE Dulas and Cuidelines and will adhere to all International Pules when conducting this

research.				ere to all litter liations	ai Kules w	men conducting this	
 I have read and v Student researchers are exp are not condoned at any leve or presentation of other rese competition in affiliated fair Tong Ye 	el of research or co earcher's work as o	the highest sta mpetition. Suc	ndaro h pra	ds of honesty and inte ctices include but are	not limite	ed to plagiarism, forgery, use cts will fail to qualify for	
Student's Printed Name b. Parent/Guardian Ap Research Plan/Proj				he risks and possible articipating in this res	(Mus dangers i earch.		
Shengyi Ye		NUN			06/01/19		
Parent/Guardian's Printed N	Name	Signature	2			Acknowledged (mm/dd/yy) st be prior to experimentation.)	
a. Required for projects that need prior SRC/IRB approval BEFORE experimentation (humans, vertebrates or potentially hazardous biological agents). The SRC/IRB has carefully studied this project's Research Plan/Project Summary and all the required forms are included. My				b. Required for research conducted at all Regulated Research Institutions with no prior fair SRC/IRB approval. OR 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 ISEF Rules. Attach (1C) and any required institutional			
signature indicates approval of the Research Plan/Project Summary before the student begins experimentation.				approvals (e.g. IACUC, IRB).			
SRC/IRB Chair's Printed Name			Name and Associated As	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 (Required for ALL Projects)							
SRC Approval After Experime I certify that this project adher					with all ISE	F Rules.	
Regional SRC Chair's Printed N	Name	Signature			Date	of Approval (mm/dd/yy)	
State/National SRC Chair's Pr	inted Name	Signature			Date	e of Approval (mm/dd/yy)	

(where applicable)