Approval Form (1B)

A completed form is required for each student, including all team members.

1. To Be Completed a. Student Acknowle	•	t and Parent	:				
 I understand th 	e risks and pos ISEF Rules and	d Guidelines and	l wil		-	an. ules when conducting	
Student researchers are emisconduct are not condoplagiarism, forgery, use or projects will fail to qualify	ned at any lever presentation of	el of research or of other researc	con her's	npetition. Such prac s work as one's own,	tices inclu	de but are not limited to	
Student's Printed Name	Signature	Signature ead and understand the risks and pos			Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)		
				hild participating in			
Parent/Guardian's Printed Name Signature						knowledged (mm/dd/yy) be prior to experimentation.)	
2. To be completed I (Required for projects	•				ıs appropı	riate.)	
a. Required for projects that need prior SRC/IRB approval BEFORE experimentation (humans, vertebrates or				b. Required for research conducted at all Regulated Research Institutions with no prior fair SRC/IRB approval. This project was conducted at a regulated research institution			
potentially hazardous biological agents).			OR				
The SRC/IRB has carefully studied this project's Research Plan/ Project Summary and all the required forms are included. My				(not home or high school, etc.), was reviewed and approved by the proper institutional board before experimentation and			
signature indicates approval of the Research Plan/Project Summary before the student begins experimentation.				complies with the ISEF Rules. Attach (1C) and any required institutional approvals (e.g. IACUC, IRB).			
SRC/IRB Chair's Printed Name							
Signature Date of Approval (mm/dd/yy) (Must be prior to experimentation.)				SRC Chair's Printed N	lame		
				Signature		Date of Signature (mm/dd/yy) (May be after experimentation)	
3. Final ISEF Affiliate	d Fair SRC /	Approval(Re	qui	red for ALL Proj	ects)		
SRC Approval After Experim I certify that this project adhe		-		•		all ISEF Rules.	

Signature

Signature

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(where applicable)

Regional SRC Chair's Printed Name

State/National SRC Chair's Printed Name

Date of Approval (mm/dd/yy)

Date of Approval (mm/dd/yy)