Approval Form (1B)

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

1. To Be Completed a. Student Acknowled		and Parent				
 I understand the 	e risks and possi SEF Rules and C	Guidelines and	l wil			olan. Rules when conducting
Student researchers are exmisconduct are not condor plagiarism, forgery, use or projects will fail to qualify for the students of the students	ned at any level or presentation of	of research or other researcl	con ner's	npetition. Such pract s work as one's own,	tices incl	ude but are not limited to
Student's Printed Name Signature				Date Acknowledged (mm/dd/yy) (Must be prior to experimentation.)		
b. Parent/Guardian A Research Plan/Pro				and the risks and po hild participating in		_
Parent/Guardian's Printed	Name	Signature				cknowledged (mm/dd/yy) be prior to experimentation.)
2. To be completed be (Required for projects	•				s approp	oriate.)
a. Required for projects that need prior SRC/IRB approval BEFORE experimentation (humans, vertebrates or potentially hazardous biological agents).			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		
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.				(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 approvals (e.g. IACUC, IRB).		
SRC/IRB Chair's Printed Name				SRC Chair's Printed Name		
Signature	Date of Approval ((Must be prior to e			Signature		Date of Signature (mm/dd/yy) (May be after experimentation)
3. Final ISEF Affiliated	l Fair SRC Ap	oproval (Re	qui	red for ALL Proj	ects)	
SRC Approval After Experime I certify that this project adhe		-		•		h 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)