

# Student Checklist (1A-Individual)

This form is required for ALL projects

Every student must fill out this entire form before beginning project experimentation. PLEASE PRINT OR TYPE.

Read the "Research Plan Instructions" on [www.scifair.com](http://www.scifair.com) before completing your Research Plan/Project Summary.

Contact the MSSEF Scientific Review Committee (SRC) by e-mail at [src@scifair.com](mailto:src@scifair.com) with any questions.

Project year includes research conducted over a maximum, continuous 12-month period between January 2015 and April 2016.

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

School Phone \_\_\_\_\_

Teacher Name \_\_\_\_\_ Email Address \_\_\_\_\_

Project Title \_\_\_\_\_

1. Is this a continuation from a previous year? (Check one) ☐ YES ☐ NO

If Yes:

a) Attach previous year(s) ☐ Abstract and ☐ Research Plan

b) Explain how this project is new and different from previous years on ☐ Continuation/Research Progression Form (7)

2. This year's laboratory experiment/data collection: (must be stated (mm/dd/yy) – Keep BLANK until experimentation starts and ends)

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

3. Where will you conduct your experimentation? (Check all that apply)

☐ Research Institution ☐ School ☐ Field ☐ Home ☐ Other \_\_\_\_\_

4. List name, address, and phone number of all work site(s) other than school and home:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

5. Complete a **Research Plan & Post-Project Summary** following the Research Plan & Post-Project Summary Instructions provided and attach to this form.

6. An **Abstract** is required for all projects after experimentation.