

# Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Aditya Kendre Grade: 12  
Email: kendreaditya@gmail.com Phone: (717) 622-1281  
b. Team Member: \_\_\_\_\_ c. Team Member: \_\_\_\_\_
2. Title of Project:  
Employing Adversarial Machine Learning and Computer Audition for Real-Time Arrhythmia Classification in Heart Sounds
3. School: Cumberland Valley High School School Phone: (717) 506-3413  
School Address: 6746 Carlisle Pike  
Mechanicsburg, PA 17050
4. Adult Sponsor: Mike Floreck Phone/Email: mfloreck@cvschools.org
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☐ No Tentative start date: \_\_\_\_\_
6. Is this a continuation/progression from a previous year? ☒ Yes ☐ No  
If Yes:  
a. Attach the previous year's ☒ Abstract and ☒ Research Plan/Project Summary  
b. Explain how this project is new and different from previous years on  
☒ Continuation/Research Progression Form (7)
7. This year's laboratory experiment/data collection:  
10/30/20 4/19/21  
Actual Start Date: (mm/dd/yy) End Date: (mm/dd/yy)
8. Where will you conduct your experimentation? (check all that apply)  
☒ Research Institution ☒ School ☒ Field ☒ Home ☒ Other: \_\_\_\_\_
9. List name and address of all non-home and non-school work site(s):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone/  
email \_\_\_\_\_
10. Complete a Research Plan/Project Summary following the Research Plan/Project Summary instructions and attach to this form.
11. An abstract is required for all projects after experimentation.