

## Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Sara Mc Sweeney Grade: 12  
Email: mcsweeneys@harrisoncsd.org Phone: (914) 888-6790  
b. Team Member: \_\_\_\_\_ c. Team Member: \_\_\_\_\_
2. Title of Project:  
Increasing the Desiccation Tolerance of Eragrostis tef through Exogenous Application of Absciscic Acid to Ensure Food Security
3. School: Harrison High School School Phone: (914) 835-3300  
School Address: 255 Union Ave,  
Harrison, NY 10528
4. Adult Sponsor: Allison Blunt Phone/Email: blunta@harrisoncsd.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:  
07/02/19 08/24/19  
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: University of Cape Town  
Address: Woolsack Drive,  
Rondebosch 7701, South Africa  
Phone/  
email: +27 (0) 21 650 9111
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.