

# Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Sophia Jang Grade: 12  
Email: sopsjang@gmail.com Phone: (516)622-0086  
b. Team Member: \_\_\_\_\_ c. Team Member: \_\_\_\_\_
2. Title of Project:  
The effect of light on the epitranscriptome of plants
3. School: Syosset High School School Phone: (516)364-5675  
School Address: 70 S Woods Rd, Syosset, NY 11791
4. Adult Sponsor: Veronica Ade Phone/Email: 516-364-5707/vade@syossetschools.org
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☒ Yes ☐ No Tentative start date: 7/5/19
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:  
7/15/19 1/28/20  
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: Cold Spring Harbor Laboratory  
1 Bungtown Rd, Cold Spring Harbor, NY 11724  
Address: \_\_\_\_\_  
Phone/ email: (516)367-8800 publicaffairs@cshl.edu
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.