

# Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Chelsea Pan Grade: 12  
 Email: panc2244@yahoo.com Phone: 631-974-3715  
 b. Team Member: \_\_\_\_\_ c. Team Member: \_\_\_\_\_
2. Title of Project: Dysregulation of Dopamine-2 Receptor with Neuronal Deficits underlies  
Loss of Control in Cocaine Addict
3. School: Ward Melville High School School Phone: 631-730-4900  
 School Address: 380 Old Town Road  
East Setauket, NY 11733
4. Adult Sponsor: Dr. Mamie Kula Phone/Email: mkula@zullagesd.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:  
05/27/19 01/05/20  
 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: Stony Brook University (Research Institute & School/University)  
 Address: 100 Nicolls Rd,  
Stony Brook, NY 11794  
 Phone/ email: 631-632-6000
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.