

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Ronit Dhulia Grade: 12
Email: ronit.dhulia@gmail.com Phone: (516) 472-8584
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Identification of the Cyclin Responsible for the Activation of Cancer Dependency CDK11
3. School: Syosset High School School Phone: (516) 364-5600
School Address: 70 S Woods Rd
Syosset, NY 11791
4. Adult Sponsor: Veronica Ade Phone/Email: vade@syossetschools.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:
09/01/19 01/15/20
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, McClintock Laboratory #217
1 Bungtown Rd
Address: Cold Spring Harbor, NY 11724
Phone/
email: sheltzer@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.