Student Checklist (1A)
This form is required for ALL projects.

1. a. Student/Team Leader: __Benjamin Goldfried__   Grade: __11__

    Email: __2goldenfried@gmail.com__   Phone: __6316245919__

    b. Team Member: _____   c. Team Member: _____

2. Title of Project:

    __Enhanced Cholinergic Interneuron Striatal Density Demonstrated in a SAPAP3 Knockout: An Indirect C__

3. School: __Half Hollow Hills High School East__   School Phone: __6315923100__

    School Address: __50 Vanderbilt Pkwy, Dix Hills, NY 11746__

4. Adult Sponsor: __Michael Lake__   Phone/Email: __631-592-3142/mlake@hhh.k12.ny.us__

5. Does this project need SRC/IRB/IACUC or other pre-approval? ☑ Yes ☐ No Tentative start date: __7/17/19__

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:

    __07/17/2019__   __08/30/2019__
    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__   _____
    Address: __CMM Building, room 535__   _____
    __Stony Brook, NY 11755__   _____
    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.**