

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Hugo Amador Grade: 12th
Email: hamador2020@gmail.com Phone: 786-420-9270
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Lamin and Sildenafil Citrate stimulates Neurite Outgrowth in PC12 cells
3. School: Mineola High School School Phone: 516-237-2600
School Address: 10 Armstrong Rd Garden City Park
4. Adult Sponsor: Benjamin S. Weeks Phone/Email: 516-877-4193 / weeks@adelphi.edu
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☒ No Tentative start date: 02/01/19
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:
02/01/19 05/30/19
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: Adelphi University
Address: 1 South Ave, Garden City, NY
11530
Phone/
email _____
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.