

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Theresa Haupt Grade: 12
Email: thaupt5542@gmail.com Phone: 631-336-0851
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Mechanism of Outer Membrane Vesicle and Tube Formation in Francisella
3. School: Commack High School School Phone: 631-912-2109
School Address: 1 Scholar Ln, Commack, NY 11725
4. Adult Sponsor: David G. Thanassi Phone/Email: david.thanassi@stonybrook.edu
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:
06/26/19 10/01/19
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: Stony Brook University
100 Nicolls Rd, 295 CMM Bldg
Address: Stony Brook, NY 11794-5120
Phone/
email 631-632-4231
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.