

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: William Sun Grade: 12
Email: william.h.sun.88@gmail.com Phone: 631-609-7641
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Lipid Droplets in the Aging Brain
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. Marnie Kula Phone/Email: mkula@3villagecsd.org
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☒ Yes ☐ No Tentative start date: 07/01/2019
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:
06/26/2019 08/13/2019
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: Life Sciences Building at Stony Brook University
100 Nicolls Road
Address: Stony Brook, NY 11794
Phone/ email: 631-632-8600
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.