

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Sarah Keane Grade: 11
Email: stksck2@aol.com Phone: 516-221-3497
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
The Effects of Membrane Stress and Defects on Lipoprotein Maturation of Acinetobacter Baylyi Δ Int
3. School: Seaford High School School Phone: (516) 592-4300
School Address: 1575 Seamans Neck Rd.
Seaford, NY 11783
4. Adult Sponsor: Janine Cupo Phone/Email: jcupo@seaford.k12.ny.us
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☒ No Tentative start date: 7.8.19
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:
8/24/19 1/23/20
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: Hofstra University
318A Gittleson Hall
Address: Hempstead, NY 11549
Phone/ email: (516) 463-6542/nathan.w.rigel@hofstra.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.