

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Elizabeth Chun Grade: 11
Email: chun.elizabeth@gmail.com Phone: (914) 200-8273
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Assessing the Effect of Resveratrol on Presenilin Drosophila melanogaster
3. School: Ardsley High School School Phone: (914) 295-5800
School Address: 300 Farm Road
Ardsley, NY
4. Adult Sponsor: Diana Evangelista Phone/Email: devangelista@ardsleyschools.org
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☒ No Tentative start date: 6/16/19
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:
6/16/19 8/29/19
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: New York Medical College
Address: 40 Sunshine Cottage Rd
Valhalla, NY
Phone/ email: (914) 594-4000
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.**