

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Zul Norin Grade: 11
Email: zul.norin.5@gmail.com Phone: 631-612-4101
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Controlling Coliform Contaminated Water through Mycofiltration
3. School: Sachem High School East School Phone: 631-716-8200
School Address: 177 Granny Rd.
Farmingville, NY 11738
4. Adult Sponsor: Michael Vaccariello, PhD Phone/Email: 631-338-7561/ mikevac67@gmail.com
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☒ No Tentative start date: 09/06/19
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:
09/06/19
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: _____
Address: _____
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.