

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Rachel Bocian Grade: 12
Email: rachelsbocian@gmail.com Phone: (516) 859-6451
b. Team Member: _____ c. Team Member: _____

2. Title of Project:

A Novel Cationically Enframed High Density Aromatic Peptide, A2, Mitigates Mitochondrial Dysfunction and Promotes Cell Survival Via Reduction of ROS and Maintenance of Mitochondrial Inner Membrane Potential

3. School: Half Hollow Hills East School Phone: (631) 592-3100
School Address: 50 Vanderbilt Pkwy, Dix Hills, NY 11746

4. Adult Sponsor: Michael Lake Phone/Email: (631) 592-3142/ mlake@hhh.k12.ny.us

5. Does this project need SRC/IRB/IACUC or other pre-approval? ☒ Yes ☐ No Tentative start date: 07/02/19

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:

07/02/19

Actual Start Date: (mm/dd/yy)

08/08/19

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: CUNY York College

Address: 94-20 Guy R Brewer Blvd, Jamaica, NY

Phone/
email (718) 262-2000 / abirk@york.cuny.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.