

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Soyoun Moon Grade: 10
Email: ashleym1154@gmail.com Phone: _____
b. Team Member: Lakxshanna Raveendran c. Team Member: _____
2. Title of Project:
THE EFFECT OF SULFUR DIOXIDE ON THE OLFACTORY MEMORY OF HONEYBEES (APIS MELLIFERA)
3. School: Commack High School School Phone: 631-912-2100
School Address: 1 Scholar Ln, Commack NY, 11725
4. Adult Sponsor: Jeanette Collette Phone/Email: 631-912-2259
collette@commack.k12.ny.us
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☒ No Tentative start date: 6/13/19
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:
6/13/19 10/28/19
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.