Student Checklist (1A) This form is required for ALL projects.

1.	a. Student/Team Leader: Farinan cnowdhury Grade:
	Email: + farinan 799@ gmail. Com Phone: - (631)5(3-0962
	b. Team Member: c. Team Member:
2.	Title of Project: Potentally his Protein smighter Defenymanin man Drotein
3.	School: William Floyd High School School Phone: 41(631) 874-1120
	School Address: 290 Mastic Beach Road: Mastic Beach, NY 11951
4.	Adult Sponsor: Victoria Hernandez 11 Phone/Email: Mctoria: clambrosia Ogmail con
5.	Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☐ No Tentative start date:
	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:
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Ī	Actual Start Date: (mm/dd/yy) End Date: (mm/dd/yy)
	the Latin 20sh and all the Land A
	Where will you conduct your experimentation? (check all that apply)
	Research Institution School Field Home Other:
	to the second managed managed work site (s).
9. Li: Nan	st name and address of all non-home and non-school work site(s):
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Addr	ess: AND NY 11973
Phon email	
10. C	Complete a Research Plan/Project Summary following the Research Plan/Project Summary instructions and attach to this form.
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