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

1.	a. Student/Team Leader: Owen Dugan	Grade: 11th
	Email: owen@duganhome.com	Phone: (914)841-0007
	b. Team Member:	
2.	Title of Project:	
	Astronomy Will Not Trail Off: Novel Methods for	r Removing Satellite Trails From Celestial Images
3.	Homo Cobool	School Phone: (914)841-0005
	School Address: 138 Merlin Avenue	
	Sleepy Hollow, NY 10591	
4.	Adult Sponsor: Valerie Dugan	Phone/Email: (914)841-0005
5.	Does this project need SRC/IRB/IACUC or other pre-ap	
6.	Is this a continuation/progression from a previous year? ☐ Yes ☐ No If Yes:	
	<ul> <li>a. Attach the previous year's □ Abstract and □</li> <li>b. Explain how this project is new and different from pre</li> <li>□ □ Continuation/Research Progression Form (7)</li> </ul>	
7.	This year's laboratory experiment/data collection:	
	07/05/2019	12/31/2019
	Actual Start Date: (mm/dd/yy)	End Date: (mm/dd/yy)
8	Where will you conduct your experimentation? (check al	I that apply\
0.	■ Research Institution ■ School ■ Field	Home Other:
9. List name and address of all non-home and non-school work site(s):  Name:		
Add	dress:	
Pho ema	one/ ail	
	Complete a Research Plan/Project Summary following and attach to this form.  An abstract is required for all projects after experiment	