

Student Checklist (SA)

This form is required for ALL projects.

1. a. Student/Team Leader: Tej Verma Grade: 12
Email: tverma0723@students.ossiningufsd.org Phone: 914-329-4199
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Nanoparticle Retinoid Delivery: A Novel Functional Method for Inducing Cytotoxicity in Cancer
3. School: Ossining High School School Phone: (914) 762-5760
School Address: 29 S Highland Ave, Ossining, NY 10562
4. Adult Sponsor: Angelo Piccirillo *Valerie Holmes* Phone/Email: apiccirillo@ossiningufsd.org
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☒ No Tentative start date: _____
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:
06/17/19 08/23/19
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: Memorial Sloan Kettering Cancer Center
Address: 417 E 68th St, New York, NY 10065
Phone/ email: (212) 639-2000
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.