

# Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Rishitha Kudaravalli Grade: 12  
Email: rishikud@yahoo.com Phone: 6312140086  
b. Team Member: \_\_\_\_\_ c. Team Member: \_\_\_\_\_
2. Title of Project:  
GFP Tagged Mitochondrial IMG1 and BSCI Proteins Disrupt Normal Huntingtin Inclusion Body Formation in Saccharomyces cerevisiae
3. School: Half Hollow Hills High School West School Phone: (631) 592-3200  
School Address: 375 Wolf Hill Rd, Dix Hills, NY 11746
4. Adult Sponsor: Michael Lake Phone/Email: mlake@hhh.k12.ny.us
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☒ Yes ☒ No Tentative start date: 6/27/19
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:  
6/27/19 8/1/19  
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: York College  
94-20 Guy R Brewer Blvd, Jamaica, NY  
Address: 11451  
(718) 262-2000  
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.