

# Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Fahad Karim Grade: 12th  
Email: fahadk.karim@gmail.com Phone: (516) 780-3621  
b. Team Member: \_\_\_\_\_ c. Team Member: \_\_\_\_\_
2. Title of Project:  
Integrated Optical Setups for Characterizing and Stabilizing Polarization States of Light
3. School: Jericho High School School Phone: (516) 203-3600  
School Address: 99 Cedar Swamp Road, Jericho NY, 11753
4. Adult Sponsor: Serena McCalla Phone/Email: (516) 203-3600 x3618/smccalla@jerichoschools.org
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☒ No Tentative start date: 07/01/19
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:  
07/01/19 09/14/19  
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: Stony Brook University Department of Physics & Astronomy  
Address: 100 Nicolls Road, Stony Brook NY, 11794  
Phone/ email: (734) 355-4252/youngshin.kim1@stonybrook.edu
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.