

# Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: **Joelle Siong Sin** Grade: **12**  
Email: **jsionsgin1@student.gn.k12.ny.us** Phone: **9294282447**  
b. Team Member: c. Team Member:
2. Title of Project:  
**Understanding the Role of Microbes in the Pathogenesis of Intestinal Tumor Development**
3. School: **William A. Shine Great Neck South High School** School Phone: **5164414800**  
School Address: **341 Lakeville Rd, Lake Success, NY 11020**
4. Adult Sponsor: **Dr. Carol Hersh** Phone/Email: **chersh@greatneck.k12.ny.us**
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☒ No Tentative start date: **7/11/19**
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:  
**7/11/19** **9/3/19**  
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: Health Sciences Center**  
Address: **101 Nicolls Road, Stony Brook, NY 11794-8434**  
Phone/email: **(631) 689-8333**
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.