

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Rohan Surana Grade: 11
Email: rohansurana@hotmail.com Phone: 631-992-0567
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
AN ANALYSIS OF THE RELATIONSHIP BETWEEN CYCLOGENESIS LATITUDE AND SEA SURFACE TEMPERATURE ANOMALIES
3. School: Commack High School School Phone: 631-912-2100
School Address: 1 Scholar Lane, Commack, NY 11725
4. Adult Sponsor: Jeanette Collette Phone/Email: 631-912-2259/jcollette@commack.k12.ny.us
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☒ No Tentative start date: 7/24/19
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:
7/24/19 10/23/19
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: _____
Address: _____
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.