## Student Checklist (1A) This form is required for ALL projects.

1.	a. Stud	dent/Tean	n Leader	Rohan Su	ıbramani	Grade: <u>12</u>			
		Email: rohan.subramani@yorktown.org Phone: (914)208-6566							
	b. Team Member:					c. Team Member:			
2.	2. Title of Project: TESS Updates to Plan JWST Observations for Atmospheric Characterization of Promising Exop								
3.	School: Yorktown High School School					. School Phon	School Phone: <u>(914)243-0561</u>		
	Schoo	School Address: 2727 Crompond Road, Yorktown Heights, NY 10598							
		•	·····						
4.	Adult S	Sponsor:	Micha	el Blueglas	s	_ Phone/Email	: <u>yc</u>	orktownhusker@gmail.com	
5.	Does t	loes this project need SRC/IRB/IACUC or other pre-approval? $\square$ Yes $\square$ No Tentative start date: $7-9-2019$							
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:								
	07-09-19					08-16-19	08-16-19		
	Actual	Start Date:	(mm/dd/	/yy)		End Date: (mn	n/dd,	/yy)	
8.	Where will you conduct your experimentation? (check all that apply)								
		•	•	☐ School	•	□ Home		Other:	
9. L				ıll non-home a stitute of Tec		ol work site(s):			
Nan	ne: —	77 Massachusetts Ave, Cambridge, MA 02139							
Add	lress: —								
Pho ema	/	daylan@	mit.ed	u					

- 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.