

## Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Saniya Gaitonde Grade: 11  
Email: saniyagaitonde@gmail.com Phone: (516) 582 0744  
b. Team Member: N/A c. Team Member: N/A
2. Title of Project:  
Bioinformatic Investigation of the Peculiarities of Long Intron Splicing in Hominidae
3. School: W. Tresper Clarke School Phone: 516-876-7450  
School Address: 740 Edgewood Drive  
Westbury, NY 11590
4. Adult Sponsor: Erika Rotolo Phone/Email: 516-876-7450 erotolo@emufsd.us
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☒ No Tentative start date: 09/01/2019
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:  
10/01/19 01/22/20  
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.