Student Checklist (1A)

This form is required for ALL projects.

1.	a. Student/Tear	m Leader: Kyra McC	reery	Grad	le: 12	
		creeryk@live.norths		org Phone	(516)945-9210	
b. Team Member: c. Team Member:				ember:		
 Title of Project: Associations between the Slowdown in North Atlantic Tropical Cyclone Translation Speed and Intensifying 						
	Associations bet	ween the Slowdown in North A	Atlantic Tropical Cy	clone I ranslation	Speed and Intensifying Storm Precipitation	
3.	School: North Shore High School		School Phone: (516)277-7000			
	School Address	s: 450 Glen Cove A	Glen Cove Ave.			
		Glen Head, NY 11545				
4.	Adult Sponsor:	dult Sponsor: Dr. Molly Mordechai		Phone/Email:	mordechaim@northshoreschools.org	
5.	Does this proje	es this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☐ No Tentative start date: 7/15/19				
	Is this a continuation/progression from a previous year?					
	07/15/19			09/25/19		
	Actual Start Date: (mm/dd/yy)			End Date: (mm/dd/yy)		
8. Where will you conduct your experimentation? (check all that apply)						
	Research Ir	stitution	☐ Field	□ Home	□ Other:	
		dress of all non-home an a University	d non-school wo	ork site(s):		
۸۵	918 Mudd dress:	918 Mudd, Dept. of Earth and Environmental Engineering				
Aut		500 West. 120th St., NY, NY 10023				
Pho	ulazet	ula2@columbia.edu				
		search Plan/Project Sum	mary following	the Research F	Plan/Project Summary instructions	

11. An abstract is required for all projects after experimentation.

and attach to this form.