

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Sumaiyah Khwaja Grade: 11
Email: sumaiyah.khwaja@gmail.com Phone: 9174023788
b. Team Member: N/A c. Team Member: N/A
2. Title of Project:
Enhanced Mitochondrial Reductive Stress and Cell Death Observed Via the Synergistic Effect of Glucose Starvation and Celastrol/N-acetylcysteine Treatment on Human Glioma Cells
3. School: Half Hollow Hills High School East School Phone: 6315923100
School Address: 50 Vanderbilt Pkwy Dix Hills, NY 11746
4. Adult Sponsor: Michael Lake Phone/Email: 6315923142
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☒ Yes ☐ No Tentative start date: 07/15/19
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:
07/15/19 08/30/19
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: Weill Cornell Medicine
Address: 413 E. 69th St., BB-1362, New York, NY 10021
Phone/ email: 6469626173/ekn9001@med.cornell.edu
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.