

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Chapin Zener Grade: 11
Email: chapinzerner@gmail.com Phone: (631)-432-4472
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
An Investigation into the Role of Synaptic Changes in the Inner Ear Supporting Seasonally Enhanced Acoustic Communication
3. School: Commack High School School Phone: (631)-912-2100
School Address: 1 Scholar Lane, Commack, New York 11725
4. Adult Sponsor: Dr. Paul Forlano Phone/Email: pforlano@brooklyn.cuny.edu
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☒ No Tentative start date: 07/01/19
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:
07/01/19 09/01/19
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: CUNY Brooklyn College
2900 Bedford Avenue
Address: Brooklyn, New York 11210
Phone/ email: (718)-951-5000
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.