

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Sarah Moran Grade: 12th
Email: Sarahmoran1116@yahoo.com Phone: 516-589-1639
b. Team Member: _____ c. Team Member: _____
2. Title of Project: Antiviral capabilities of DABCO-hydrocarbon molecules
3. School: North Shore High School School Phone: 516-277-7000
School Address: 450 Glen Cove Ave, Glen Head NY 11545
4. Adult Sponsor: Dr. Molly Mordechai Phone/Email: murdechai.m@northshoreschools.org
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☒ No Tentative start date: 6/2/19
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:
6/2/19 10/15/19
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: LIU Post
Address: 720 Northern Blvd, Greenvale, NY 11548
Phone/email: 516-299-2900
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.