

# Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Kevin Gauld Grade: 12  
Email: kgauld1@gmail.com Phone: (516) 778-2478  
b. Team Member: \_\_\_\_\_ c. Team Member: \_\_\_\_\_
2. Title of Project:  
Optimizing Classification Efficacy of Image Classifiers Through the Usage of Neural Style Transfer in Image Preprocessing
3. School: Manhasset High School School Phone: (516) 267-7700  
School Address: 200 Memorial Place, Manhasset, NY, 11030
4. Adult Sponsor: Alison Huenger Phone/Email: (516) 267-7700; alison\_huenger@manhassetsschools.org
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☒ No Tentative start date: 9/6/19
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:  
9/6/19 11/13/19  
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: \_\_\_\_\_  
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.