## Student Checklist (1A) This form is required for ALL projects.

1.	a. Student/Team Leader: Ethan Sontarp	Grade:	12	
	Email: esontarp@gmail.com	Phone:	631-416-1178	
	b. Team Member:	 c. Team Mem	ber:	
2.	Title of Project:			
LOGELING DEANIUM VETAKE IN FOSSILIZED TEETH AND BONES: INSIGHT INTO POTENTIAL FOR LONGTERM URANIUM WASTE STARAGE IN PHOSPHATES				
3.	hool: Commack High School School Phone:			
٠.	School Address: 1 Scholar Lane, Commack, N			
4.	Adult Sponsor: Jeanette Collette	Phone/Email: jcc	ollette@commack.k12.ny.us	
5.	Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☐ No Tentative start date: 6/27/19			
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)			
/.	This year's laboratory experiment/data collection:			
	6/27/19	9/13/19		
	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		Other:	
9. List name and address of all non-home and non-school work site(s):  Name: Stony Brook University				
٨٨	Address: 100 Nicolls Rd., Stony Brook, NY 11794			
Add	uress:			
Pho	one/ ail 631-632-6868			
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.				