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

1.	a. Student/Team Leader: Chris Cizmeciyan Grade: 12	
	Email: arenc72002@gmail.com Phone: 516-637-4420	
	b. Team Member: c. Team Member:	
2.	2. Title of Project:	
	Utilizing EGCG to Mitigate Heavy Metal Stress Induced Chlorella Vulgaris	
3.	School: Syosset High School School Phone: 516-364-5675	
0.	School Address: 70 South Woods Road, Syosset, New York 11791	
	School Address.	
4.	Adult Sponsor: Veronica Ade Phone/Email: vade@syossetschools.org	
5.	i. Does this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☑ No Tentative start date:	_
6.	b. Is this a continuation/progression from a previous year? □ Yes □ No 15 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:	
	02/27/2019 06/12/19	
	Actual Start Date: (mm/dd/yy) End Date: (mm/dd/yy)	
0	2	
8.	Where will you conduct your experimentation? (check all that apply) ☐ Research Institution ☐ School ☐ Field ☐ Home ☐ Other:	
	☐ Research Institution ☐ School ☐ Field ☐ Home ☐ Other:	
9. List name and address of all non-home and non-school work site(s):		
Na	Name:	-
Add	ddress:	-
Dho	hone/	-
	mail ————————————————————————————————————	- :
10.	 Complete a Research Plan/Project Summary following the Research Plan/Project Summary instructions and attach to this form. 	i
11. An abstract is required for all projects after experimentation.		