

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Nina Su Grade: 10th
Email: nns1246@gmail.com Phone: 631-586-9360
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Identification of Novel Modulators of mTORC2 Activity
3. School: HHH High School West School Phone: 631-592-3200
School Address: 375 Wolf Hill Road - Dix Hills, Ny 11746
4. Adult Sponsor: Michael W. Lake, PhD Phone/Email: mlake@hhh.k12.ny.us
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☒ Yes ☐ No Tentative start date: 6/28/19
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:
6/28/2019 8/22/2019
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: MemorialSloanKetteringCancerCenteMei
RRL221,430E67thStreet,
Address: NewYork,NY10065
Phone/
email 212-639-2000
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.