Student Checkfist (14) This form is required for ALL projects.

a. Student/Tea	Colleen Schmid	Grade	: 12
	hmid0810@students.ossiningufsd.org	Phone:	914-584-1506
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b. Team Memb			
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School: Oss	ining High School	School Phone:	(914) 762-5760
	ss: 29 S Highland Ave, Ossining		page 1997 and the State Walter and a St
School Addres	2		
Adult Sponso	Valerie Holmes	Phone/Email:	/Holmes@ossiningufsd.org
war industrial and a second of the			
Does this pro	ject need SRC/IRB/IACUC or other pre-ap	provai: 🗖 Yes 🖻	No remative start date.
Is this a continuity	nuation/progression from a previous year		
If Yes:	nuation/progression from a previous year? previous year's Abstract and	? 🛮 Yes 🗗 No	
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and attach to this form.