

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Juliana Josinsky Grade: 11
Email: julianajosinsky@gmail.com Phone: 631-923-7301
b. Team Member: Samantha Tran c. Team Member: Suraj Sharma
2. Title of Project:
Maltose-binding protein (MBP) Fusion Tag Enhances Expression and Solubility of CDC11 Construct
3. School: Half Hollow Hills High School East School Phone: 631-592-3100
School Address: 50 Vanderbilt Parkway
Dix Hills, NY 11746
4. Adult Sponsor: Dr. Michael Lake Phone/Email: mlake@hhh.k12.ny.us
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☒ Yes ☐ No Tentative start date: 06/15/19
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:
06/15/19 08/09/19
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: Stony Brook University
Address: Basic Sciences Tower Level 7
Stony Brook, NY 11794
Phone/ email: 631-632-6000
michael.lake@stonybrook.edu
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.