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

1.	a. Student/Team Leader: Alice Chen					Grade:		
	Email: alicezychen@gmail.com					Phor	ne:	(516) 589-9970
					c. Team Member:			
2.	. Title of Project: Estimating Rectal Cancer Response to Chemoradiation: Longitudinal MRI-based Radiomics							
	-							
3.	Scho	ool: Jericho Senior High School				School Phone: (516) 203-3600		
	Scho	ool Address: 99 Cedar Swamp Rd, Jericho, NY 11753						
4	Δdul	t Sponsor:	Serena McCalla			Phone/Email: (516) 203-3600 x3618 / smccalla@jerichoschools.org		
5.		s this project need SRC/IRB/IACUC or other pre-approval? ☐ Yes ☐ No Tentative start date: 8/6/19						
6.		this a continuation/progression from a previous year? Yes No						
		Attach the previous year's Abstract and Research Plan/Project Summary						
		explain how this project is new and different from previous years on						
		□ Continuation/Research Progression Form (7)						
7.	This	This year's laboratory experiment/data collection:						
	8/6/1	6/19				12/20/19		
	Actu	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 Home Other:						
	M K	(esearch Ins	titution	□ School	■ Fleid	M Home	_	Other:
	_ist na me:			non-home an ornia, Los An	d non-school w igeles	ork site(s):		
		Magnetic Resonance Research Labs						
Address:		300 Medical Plaza Suite B114						
Phone/ email		(310) 267-6838 / penghu@mednet.ucla.edu						
		plete a Rese	arch Plar	n/Project Sum	mary following	g the Research	Plar	n/Project Summary instructions

11. An abstract is required for all projects after experimentation.

and attach to this form.