

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Megha Gopal Grade: 12
Email: gopalmegha67@gmail.com Phone: 516-488-3303
b. Team Member: _____ c. Team Member: _____
2. Title of Project:
Investigating Substrate Mechanics Effects in Combination with TiO₂ Thin Layer Coated by Atomic Layer Deposition (ALD) for Dental Pulp Stem Cell Proliferation and Differentiation
3. School: New Hyde Park Memorial HS School Phone: 516-488-9800
School Address: 500 Leonard Blvd, New Hyde Park, NY 11040
4. Adult Sponsor: Angela Stone Phone/Email: 516-488-9800/astone@sewanhaskaschools.org
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☒ Yes ☐ No Tentative start date: 6/30/19
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:
07/03/19 08/20/19
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
100 Nicolls Rd
Address: Stony Brook, NY 11794
Phone/ email: (631) 632-6000
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.