

Student Checklist (1A)

This form is required for ALL projects.

1. a. Student/Team Leader: Gillian Gold Grade: 12
Email: gilliangold02@gmail.com Phone: (914) 357-3631
b. Team Member: N/A c. Team Member: N/A
2. Title of Project:
The role of Wnt/ β -catenin signaling in angiogenesis and BBB formation in EAE (Multiple Sclerosis)
3. School: Ardsley High School School Phone: (914) 295-5800
School Address: 300 Farm Road
Ardsley, NY 10502
4. Adult Sponsor: Diana Evangelista Phone/Email: devangelista@ardsleyschools.org
5. Does this project need SRC/IRB/IACUC or other pre-approval? ☒ Yes ☐ No Tentative start date: 6/20/19
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:
06/19/19 08/19/19
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: NewYork-Presbyterian/Columbia University Irving Medical Center
622 W 168th St.
Address: New York, NY 10032
Phone/ email: (212) 305-2500
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.