

Student Checklist (1A)

This form is required for ALL projects.

- 1) a. Student/Team Leader: _____ Grade: _____
 Email: _____ Phone: _____
 b. Team Member: _____ c. Team Member: _____
- 2) Title of Project: _____

- 3) School: use MUSIC!
See name on School code School Phone: 586-825-2400 ext 2012 2
 School Address: 27500 Cosgrove Warren, MI 48092
- 4) Adult Sponsor: Science teacher Phone/Email: _____
- 5) Is this a continuation from a previous year? ☐ Yes ☐ No
 If Yes:
 a) Attach the previous year's ☐ Abstract and ☐ Research Plan
 b) Explain how this project is new and different from previous years on ☐ Continuation Form (7)
- 6) **This year's** laboratory experiment/data collection: (must be stated (mm/dd/yy))
 Start Date: USE data collection (mm/dd/yy) End Date: week dates from calendar (mm/dd/yy)
- 7) Where will you conduct your experimentation? (check all that apply)
☐ Research Institution ☒ School ☐ Field ☐ Home ☐ Other: _____
unless at university
- 8) List name and address of all non-school work site(s):
 Name: _____
 Address: _____

 Phone: _____
- 9) Complete a Research Plan following the Research Plan instructions and attach to this form.
See below for details
- 10) An abstract is required for all projects after experimentation.
Cut + paste from paper