

Student Checklist (1A-Team)

This form is required for ALL projects

Every student must fill out this entire form before beginning project experimentation. PLEASE PRINT OR TYPE.

Read the "Research Plan Instructions" on www.scifair.com before completing your Research Plan/Project Summary.

Contact the MSSEF Scientific Review Committee (SRC) by e-mail at src@scifair.com with any questions.

Project year includes research conducted over a maximum, continuous 12-month period between January 2016 and April 2017.

Student Name	(1) _____	(2) _____	(3) _____
Grade	Grade: _____	Grade: _____	Grade: _____
Phone	_____	_____	_____
Email Address	_____	_____	_____
School Name	_____	_____	_____
School Address	_____	_____	_____
City, State, Zip Code	_____	_____	_____
Teacher Name	_____	_____	_____
Email Address	_____	_____	_____
Phone	_____	_____	_____

Project Title _____

- Is this a continuation from a previous year? (Check one) YES NO
If Yes:
a) Attach 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)
- This year's** laboratory experiment/data collection: (must be stated (mm/dd/yy) – **Keep BLANK until experimentation starts and ends**)
Start Date: _____ End Date: _____
- Where will you conduct your experimentation? (Check all that apply)
 Research Institution School Field Home Other _____
- List name, address, and phone number of all work site(s) other than school and home:
Name: _____
Address: _____
Phone: _____
- Complete a **Research Plan/Project Summary** following the **Research Plan/Project Summary Instructions** available at www.scifair.com
- An **Abstract** is required for all projects after experimentation.