Student Checklist (1A-Individual)

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 2017 and April 2018.

		Grade					
			Email Address				
Scl	hool Name						
School Address		City		State _	Zip Code		
Scl	nool Phone						
Tea	acher Name		Email Addres	s			
Pro	oject Title						
2.	Is this a continuation/progression 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:						
3.	Where will you conduct your experimentation? (Check all that apply)						
	Research Institution	School	Field	Home	Other		
4.	Address:	one number of all wo			9 :		
	Phone:						
5.	Complete a Research Plans www.scifair.com	/Project Summary	following the Rese	arch Plan/Project	Summary Instruction	ns available at	

6. An **Abstract** is required for all projects <u>after</u> experimentation.