Student Checklist (1A-Team)

This form is required for ALL projects

<u>Every student</u> must fill out this entire form <u>before beginning</u> 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 <u>src@scifair.com</u> with any questions. Project year includes research conducted over a maximum, continuous 12-month period between January 2017 and April 2018.

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				
lf Yes: a) Attach p		Research Plan/Project Summary om previous years on Continuatior	n/Researc	ch Progression Form (7)
2. This year's labora	atory experiment/data collection: (mu	st be stated (mm/dd/yy) – Keep BLANK	until exp	perimentation starts and ends)
Start Date:		_ End Date:		
3. Where will you co	nduct your experimentation? (Check a	ll that apply)		
Research Insti	itution School	Field Home Ot	her	
4. List name, addres	s, and phone number of all work site(s	s) other than school and home:		
Name:				
Address:				
Phone:				
5. Complete a Resea	arch Plan/Project Summary following	the Research Plan/Project Summary	Instructio	ons available at www.scifair.com

6. An Abstract is required for all projects after experimentation.