



For Office Use Only

Proposal Number: _____

Kids in Micro-g Student Experiment Design Challenge 2010-2011 Experiment Proposal Cover Page

Teacher/Educator (Main Point of Contact) Name:

Grade level of the student group submitting the experiment proposal:

Number of students in this proposal group:

School Name:

School Mailing Address:

Teacher/Educator Email Address:

Date of the last day of instruction for the 2010-2011 school year:

Is the school a NASA Explorer School (Yes or No)?

Is the school a NASA Science, Engineering, Mathematics and Aerospace Academy (SEMAA) site (Yes or No)?

Type of Institution (check all that apply):

____ Public

____ Parochial

____ Private

____ Charter

____ Rural

____ Suburban

____ Urban

____ Other type of institution. Please specify: _____

____ Non-Institution, (e.g. Home School). Please Specify: _____

Proposal Number: _____

TITLE OF EXPERIMENT:

BACKGROUND:

OBJECTIVE:

HYPOTHESIS:

DURATION:

Set up time on the ground:

Experiments run time on the ground:

Take-down time on the ground:

MATERIALS:

1. EXPERIMENT SET-UP

1.1

2. EXPERIMENT EXECUTION

2.1

3. EXPERIMENT STOW

3.1

DATA ANALYSIS:

CONCLUSIONS: