## **Continuation Projects Form (6)**

Required for projects that are a continuation in the same field of study as a previous project. (NEOSEF Continuation/Research Progression Projects Form 7 will suffice)

Student Name:	School:	
Title of Project:		
To be completed by Student Reservation and the current properties of the current properties on the formation must be on the formation and the current properties of the curren	project that make it new and differe	ent from previous research.
	Current Year	Previous Year
Title		
Line of investigation/ central theme of research		
Objectives		
Variables studied		
Additional changes		
Attached are:		
Current Abstract (1B)	Previous Abstract (list year)	
I hereby certify that the above information display board properly reflects wor		rent year Abstract and project
Student Printed Name	Signature	Date

Contact: bestmedicine@uakron.edu BEST Medicine Engineer Fair, 2018