**Statistical Service Form**

**Date submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Fill out this form as completely as possible.

|  |
| --- |
| **General Information**  Name/s:  Email/Contact number:  Faculty/College/Institute:  Level:  undergraduate  masterate  doctorate  Program of Study:  Target Date of Submission of Paper for Defense: |

**TITLE:**

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|  |

**OBJECTIVES:**

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**STATEMENT OF THE PROBLEM:**

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|  |

**SIMULACRUM / CONCEPTUAL FRAMEWORK:**

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|  |

**HYPOTHESIS:**

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|  |

**METHODS:**

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**SERVICE REQUESTED:**

Please specify the particular statistical test for consultation by checking the needed consultation.

1. **Basic Statistics**

Descriptive Statistics

Chi-square

Regression Analysis

Factor Analysis

Correlations

ANOVA

Repeated measures

T-test

Others *(please specify*):\_\_\_\_\_\_\_

1. **Advanced Statistics**

SEM

Cluster Analysis

Conjoint Analysis

MANOVA

Time Series Analysis

ANCOVA

Forecasting

Others *(please specify)*:\_\_\_\_\_\_\_

**Approved by:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**

***Chair, Statistics Consultation Committee/ Date***

Signature over printed name

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Statistician to be assigned**

|  |
| --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Student/ Group Representative***  Signature over printed name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_  ***Thesis Adviser/Date***  Signature over printed name  Email/Contact Number of Thesis Adviser:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |