**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 [ ]  doctorateProgram of Study:Target Date of Submission of Paper for Defense: |

**TITLE:**

|  |
| --- |
|  |

**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 nameEmail/Contact Number of Thesis Adviser:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |