**Statistical Service Form**

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| **Date submitted:** | **Received by:** |
| **Project Number:** |  |

Fill out this form as completely as possible.

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| **General Information**  Name/s:  Email/Contact number:  Faculty/College/Institute:  Level:  undergraduate  masterate  doctorate  faculty Others:\_\_\_\_\_\_\_\_  Program of Study:  Target Date of Submission of Paper for Defense:  Current Status of Research: |

**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 (Basic Regression)

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

Regression Analysis (Advanced Regression)

Systematic Review and Meta-analysis

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

1. **For Graduate students only**

*Package 1 Consultation only in:*

Hypothesis formulation

Instrumentation

Reliability and Validity

Sample Size Determination

Statistical Treatment to be used

Summary Tables Template

Results Analysis

*Package 2 Processing with three to five Consultations*

**Approved by:**

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

Signature over printed name

I acknowledge and accept the responsibility to be the statistician for this study. I am aware that I should help and guide the proponents of the study in the data processing, analysis, and interpretation of the results, as well as in the write-up of the results.

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Assigned Statistician***

Signature over printed name

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

I hereby certify that the information I have provided on this form is true and correct.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Student/ Group Representative***

Signature over printed name

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Thesis Adviser/Date***

Signature over printed name

Email/Contact Number of Thesis Adviser:

|  |
| --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |