



REQUEST FORM FOR STATISTICAL ANALYSIS CONSULTATION

All students **MUST** ask for supervisors' signatures before seeking URS consultation

1*	Personal Information	
	Name: Matric. No: Supervisor's Name:	Email: Tel:
	Program: Faculty:	Level: Bsc /Msc /PhD /Lecturer Sem: 1/ 2/ 3/ 4/ 5/ 6/ 7/ 8/ 9/ 10/others
2*	Research Details	
	Title of Research: Project background: Research Question/Objectives:	
3*.	Statistical services required:	
	<input type="checkbox"/> Basic Statistics (Please specify _____)	

	<input type="checkbox"/> Advanced Statistics (Please specify_____) <input type="checkbox"/> Research Methodology (Please specify_____) <input type="checkbox"/> Others (Please specify_____)
4*	Signatures
	Student: Date:
	Supervisor: Date:
5	Preferred Statistician: Recommended Time/Date:
6	Administration
	Received Date: Appointment Date: Statistician: Time:

*must be completed