

Statistical Consulting Service

Department of Statistics, Faculty of Applied Sciences University of Sri Jayewardenepura

STATISTICAL CONSULTING SERVICES REQUEST FORM

Thank you for your interest in consulting services offered by the Department of Statistics, Faculty of Applied Sciences, University of Sri Jayewardenepura. Please complete and email this form to

, ,	After submitting this form, you will be contacted by one of
Application number (for office use on	ly):
Date (for office use only):	
1. Name: Rev/Mr/Ms/Dr/Prof	
2. Client category: Academic staff	
3. Details:	()
If academic staff	If student
3.1 Faculty:	3.1 Faculty:
3.2 Department:	3.2 Registration number:
3.3 Position:	3.3 Degree program
3.4 Contact numbers:	(a) Undergraduate:
Intercom:	Subject:
Mobile:	Department:
3.5 E-mail address:	(b) Postgraduate (Please circle):
	Diploma/Masters/MPhil/PhD
	Specify:
	3.4 Contact number:
	3.5 E-mail address:

4. Briefly describe your research problem and your research objectives.

5. Which of the (\checkmark) all that ϵ		osely describes the arc	ea where you n	eed advice? (Please tick	
	Data wrangling Descriptive and Parametric and Data modeling Time series and	design mpling and data collect g alysis of the data d nonparametric statis and model fitting alysis of the statistical outpowere	tical inference		
6. Describe data	a you have acquir	ed or that you plan to	acquire.		
7. Please list ar	ny preferred days	$rac{1}{2}$ and/or times for our r	${ m neetings.}$		
Agreement					
publication or resessend a copy of the	earch project that acknowledgement	t includes work relate	d to this applic sulting Service-	ce's contribution in any cation. We also agree to Department of Statistics,	
Date:		Signature of the c	elient:		
Name of the super	rvisor (if client is a	a student):			
Signature of the su	ıpervisor:				
For office use on					
Service approved/	not approved.				
Coordinator Statistical Consult Department of Sta University of Sri Ja	atistics				