



**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 [statistical.consultancy@sci.sjp.ac.lk](mailto:statistical.consultancy@sci.sjp.ac.lk). After submitting this form, you will be contacted by one of our consultants via email.

Application number (for office use only):

Date (for office use only):

1. Name: Rev/Mr/Ms/Dr/Prof .....
2. Employment details:
  - 2.1 Employment status: Employed/ Self employed/ Retired/ Unemployed (Please circle)
  - 2.2 Name of the employer: .....
  - 2.3 Address: .....
  - 2.4 Work phone number: ..... Can you be contacted here? Yes/ No (Please circle)
3. Contact information
  - 3.1 Email: .....
  - 3.2 Mobile number: .....
  - 3.3 Other (please specify): .....
4. Briefly describe your research problem and your research objectives.

5. Which of these topics most closely describes the area where you need advice? (Please tick (✓) all that apply)

Questionnaire design	<input type="checkbox"/>
Experimental design	<input type="checkbox"/>
Methods of sampling and data collection	<input type="checkbox"/>
Data wrangling	<input type="checkbox"/>
Descriptive analysis of the data	<input type="checkbox"/>
Parametric and nonparametric statistical inference	<input type="checkbox"/>
Data modeling and model fitting	<input type="checkbox"/>
Time series analysis	<input type="checkbox"/>
Interpretation of the statistical outputs	<input type="checkbox"/>
Statistical software	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

6. Describe data you have acquired or that you plan to acquire.

7. Please list any preferred days and/or times for our meetings.

## Agreement

I/We agree to properly acknowledge the Statistical Consulting Service's contribution in any publication or research project that includes work related to this application. We also agree to send a copy of the acknowledgement to the Statistical Consulting Service-Department of Statistics, Faculty of Applied Sciences, University of Sri Jayewardenepura.

Date: .....

Signature of the client: .....

Name of the supervisor (if client is a student): .....

Signature of the supervisor:.....

---

## For office use only

Service approved/ not approved.

.....

Coordinator  
Statistical Consulting Service  
Department of Statistics  
University of Sri Jayewardenepura