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. 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. Client category: Academic staff ☐   Student ☐ (Please put a tick (✓) in the relevant cage.)

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

Questionnaire design	☐
Experimental design	☐
Sampling	☐
Data cleaning	☐
Descriptive analysis of the data	☐
Estimation and hypothesis testing	☐
Data modeling and model fitting	☐
Time series analysis	☐
Interpretation of the statistical outputs	☐
Statistical software	☐
Other (please specify)	☐

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