

Consultation Sheet for Statistical Consulting Lab (SCL)¹

First Name:

Last Name:

E-mail:

Date:

College:

0.1 Status:

U-Grad M.S. / M.A. Ph.D. / Ed.D. Post-Doc Staff Faculty

0.2 First Time using Consulting Lab:

Yes No

0.3 Source of Question:

Research Funding Course

Prefix and Number of course:

0.4 Type of Research:

Quantitative Qualitative Both

0.5 Description of the research:

Clear

¹To be completed by client and email it back to SCL