



**STATISTICIAN SERVICES FORM**

Date Submitted: \_\_\_\_\_

<b>Name</b>	<i>Last Name</i>	<i>First Name</i>	<i>MI</i>
<b>Program/ Year Level</b>			
<b>Thesis Title</b>			
<b>Research Problem/s</b>			
<b>Research Variable/s (Attach Instruments)</b>			
<b>Statistical Tool</b>			
<b>Certified Statistician</b>			
<b>Statistical Fee</b>			

\_\_\_\_\_  
Student Researcher\*    Research Adviser\*    Statistician\*    Student Research Coordinator\*

\*Signature Over Printed Name