**University Research Statistiscal Center

**Appointment Form**

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| Statistician’s Copy |  |
| (To be filled out by Applicants) | Application date:\_\_\_\_\_\_\_\_\_\_ |
| Name of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Contact no.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Agency(For external client):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Degree: |  | Undergraduate |  | Master’s |  | Doctorate |
| Research Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Status: | \_\_\_proposal \_\_\_data analysis and interpretation \_\_\_write up/finalization of outputs |
| Defense Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Preferred Date of Appointment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Mode of Submission: | \_\_\_soft copy submitted thru email (ursc@tsu.edu.ph)\_\_\_hard copy submitted personally to URSC.Submitted documents:\_\_Chapters 1 to 3\_\_Research data\_\_Chapters 1 to 5\_\_Others(please specify) |

*The undersigned is/are fully aware that Universirty Research Statistical Centermay share and use information such as names, e-mail addresses, contact number, and pertinent documents I submitted for the purpose of fulfilling processing my request for an statistical service. I also understand that when this official form, containing my personal information, is no longer needed for its purpose, proper disposal procedures based on university policies shall be done. I hereby allow URSC to collect, process, use and share my personal data contained hereof in the pursuit of its legitimate academic, research and extension purposes and/or interests as an educational institution.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over printed name of client

Received by: Designation: Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over printed name

Client ID No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Form No.: TSU-URO-SF-75 | Revision No.:00 | Effectivity Date:October 22, 2021 | Page: **1** of **1** |

 (*To be filled out by the URSC*)

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**University Research Statistiscal Center

**Appointment Form**

*URSC’s Copy*

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|  |  |
| (To be filled out by the URSC)  | Client ID No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of available statistician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Contact no.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Mode of consultation |  | In – person  |  | Email |  | Phone |
| Date and time of availability:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*The undersigned is/are fully aware that Universirty Research Statistical Centermay share and use information such as names, e-mail addresses, contact number, and pertinent documents I submitted for the purpose of fulfilling processing my request for an statistical service. I also understand that when this official form, containing my personal information, is no longer needed for its purpose, proper disposal procedures based on university policies shall be done. I hereby allow URSC to collect, process, use and share my personal data contained hereof in the pursuit of its legitimate academic, research and extension purposes and/or interests as an educational institution.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over printed name of client

Processed by: Date of Accomplishment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over printed name

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