**University Research Statistical Center

**Initial Assessment Form**

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|  | | | | | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Client ID No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Assessed documents: | \_\_ | Chapters 1 to 3 | | | | | |
| \_\_ | Research Data | | | | | |
| \_\_ | Chapters 1 to 5 | | | | | |
| \_\_ | Others (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Assessment result: | \_\_\_short – term consultation | | | | | \_\_\_long – term collaboration | |
|  | Estimated Number of Meetings: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Use of Statistical Software: | | | \_\_\_yes \_\_\_no | If yes, please specify software to use.:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

Assessed by: Received by:

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

Signature over printed name Signature over printed name/date

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| Form No.: TSU-URO-SF- 71 | Revision No.: 00 | Effectivity Date: October 22 ,2021 | Page: **1** of **1** |

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**University Research Statistical Center

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|  | | | | | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Client ID No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Assessed documents: | \_\_ | Chapters 1 to 3 | | | | | |
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| \_\_ | Others (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
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| Use of Statistical Software: | | | \_\_\_yes \_\_\_no | If yes, please specify software to use.:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

Assessed by: Received by:

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

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| Form No.: TSU-URO-SF- 71 | Revision No.: 00 | Effectivity Date: October 22 ,2021 | Page: **1** of **1** |