**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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**University Research Statistical Center

**Initial Assessment Form**

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| --- | --- |
|  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Client ID No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Assessed documents: | \_\_ | Chapters 1 to 3 |
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Assessed by: Received by:

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

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