



LRO-SR104: STATISTICAL SERVICES FORM

Thesis/Research Title: _____

Proponent(s)/Author(s): _____

Research Adviser: _____
Name Signature

Academic Department: _____ **Program:** _____

Research Objective/s: _____

Research Variables: _____

Statistical Tool: _____

Endorsement: _____
(to Statistician) Name of Certified Statistician Signature of Research Coordinator

Endorsement: _____
(to LRO) Signature of Certified Statistician Date

Note: Please attach the research paper and data set