Client Information

Name:________________________ Date:_____________________________

_____Faculty  Department:________________________

_____Staff  Phone Number:________________________

_____Student

_____Other____________________

Brief Description of Research Project

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

Stage of Design

_____Design. If design is completed, was a statistician consulted? Yes____ No_____

_____Analysis (Data collected)

For Internal Use Only

Reference Number:_____________ Date:______________________________

Initial Visit: Yes_______ No______ Assigned To:____________________________

Closed By:____________________ Date Closed:____________________________

Unit Hour(s):__________________ Total Hours:____________________________