School of Medicine

Undergraduate Statistical Consulting Form

**APPLICATIONS MUST BE TYPED**

1. **Student Details:**

|  |  |
| --- | --- |
| Name/ Student Number |  |
| Tel No: | Office:  | Mobile:  |
| Email: |  |
| Name of Project Supervisor |  |
| Email address for Project Supervisor |  |

1. **Working title of project or topic:**

|  |
| --- |
|  |

1. **Please briefly describe your request:**

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|  |

**Please attach your data-sheet as an MS Excel or SPSS file to your email query if appropriate.**