

STATISTICAL CONSULTING GROUP
 INSTITUTE OF STATISTICS
 CAS, UP LOS BANOS, COLLEGE, LAGUNA

CLIENT INFORMATION SHEET

Name: _____ Date: _____

E-mail Address: _____ Contact Number(s): _____

Title of Study/Project: _____

General Objective of the Study: _____

Specific Objectives of the Study: _____

Project Adviser / Leader: _____ Source of funds: _____

Available day(s) and time for consultation: _____

-----To be filled up by SCG -----

Client Classification: <input type="checkbox"/> UPLB <input type="checkbox"/> Non-UPLB	Job Description: <input type="checkbox"/> Undergraduate Study <input type="checkbox"/> Graduate Study <input type="checkbox"/> Project/Research	Job Request: <input type="checkbox"/> Consultation <input type="checkbox"/> Data Encoding <input type="checkbox"/> Statistical Analysis	Senior / Junior Consultant(s): Next Appointment : Status: _____ _____
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TERMS and CONDITIONS

1. The SCG reserves the right to refuse its offer of consulting/statistical services if it is felt that the requested services are outside of the available expertise of the consultant/statistician. Further, the SCG has the right to discontinue its statistical analysis service at any time due to nonpayment of charges or for other concerns deemed reasonable cause by the manager. This service can be resumed after charges have been paid or other problems have been resolved.
2. Clients must give the consultant/statistician or any SCG officer at least 24 hours notice if they will be unable to make an appointment.
3. A down payment of the basic charge must be paid before any statistical analysis is rendered.
4. For statistical analysis, it is the client's responsibility to ensure that the data files are formatted correctly. (The statistician will inform the client of the proper formatting).

By signing, I have read and understood these terms and conditions:

 Signature over printed name