REQUEST FOR CONSULTING SERVICES

Name: 
Affiliation: 
Department: 
Address: 

Tick One: Faculty: [ ] Staff: [ ] Ph.D. Student: [ ] M.Sc. Student: [ ] Not affiliated with the university: [ ]

Contact Nos.: Tel. No. (H): ____________________________ Tel. No. (O): ____________________________
Fax. No.: ____________________________ Email Address: ____________________________

Best time to contact: ____________________________ (By Tel.) ____________________________ (By E-Mail)

* Students need permission from their supervisor before they can contact the SCC

Name Of Supervisor: ____________________________ Tel. No.: ____________________________
Email Address: ____________________________

To facilitate effective communication, for all student projects the faculty advisor directing the research
is required to attend the initial meeting

Is this project supported by a grant or a contract? Yes [ ] No [ ]

If yes, please provide the following information:
Name Of Sponsor: ____________________________
Bill To: ____________________________

Stage Of Research: Grant Proposal [ ] Design [ ] Data Collection [ ] Data Analysis [ ]

Analysis Deadline(s): ____________________________

* Give a brief description of the scientific background of the project:

________________________________________________________________________________

________________________________________________________________________________

* Give a brief description of the data you have collected or plan to collect:

________________________________________________________________________________

*List the objectives of the study:

________________________________________________________________________________

________________________________________________________________________________

* Please provide details on a separate page, if necessary