

**Wright State Statistical Consulting Center
Graduate Student Permission Slip**

To Whom It May Concern:

Your student has applied to the Statistical Consulting Center for assistance on his/her research. We are happy to provide this service, but we need to know that you are aware of the student's use of our services and that you agree to it. If you would fill this form out, sign it, and return it to SCC, room 130 MM, we can proceed with our consulting appointment with your student. If you prefer, you may write us a memo of your own design. Thank you very much.

Please type or print legibly:

Student's Name: _____

Advisor's Name: _____

Advisor's Department and College/School: _____ **Ext:** _____

Advisor's WSU Campus Address: _____

The above-named student has my permission to consult with the Statistical Consulting Center at Wright State University concerning his/her research project. I have checked the box(es) below next to any kind of consulting assistance that I do NOT want the student to use. A box left unchecked means that any assistance the SCC gives in this area is agreeable with me. I understand that I will receive a copy of the written initial consulting report summarizing the advice given to the student by the SCC and that I may be asked to meet with the student and the SCC staff if difficult questions arise concerning the statistical aspects of the research.

Check the box to the left if you do **NOT** want the student getting assistance in this area.

Research design

Design of statistical analysis

Data entry

Power analysis

Statistical analysis

Interpretation of results of analysis

Signature