

Project Description Form

Biostatistics Consulting Service

College of Public Health

University of Georgia

Name: _____ Department: _____

University Address: _____ Phone: _____

Email Address: _____ Research Funded by: _____

Thesis or Research _____

Advisor (if student)

Project Title: _____

If you do not have a University of Georgia affiliation, please enter your professional or business affiliation and address:

Have you consulted with us before? Yes ___ No ___

If you answered "Yes" to the previous question, please give the project title(s) of your previous consulting projects:

In the following, briefly describe your scientific problem, and the statistical issues you want to discuss (e.g., study design, methods of analysis, interpretation of results). Please begin with a statement of your specific aims.