University of the Immaculate Conception
GRADUATE SCHOOL

DGS – FO – 029
Rev. 02 / 1/27/2020
Approved by: IQAC

Control No. _____

QUANLITATIVE DATA ANALYST FORM

Date:

Name:
Designation
University of Immaculate Conception

Dear,

Greetings!

This is to inform you that you are assigned as Data Analyst of _____a _____student

Your expertise in the field of statistics will be of great help to our students.

Thank you.

Very truly yours,

_____
Program Coordinator

Dr. Mary Jane B. Amoguis
Dean, Graduate School

Conforme: _____ Date:_____
Signature over Printed Name