



University of the Immaculate Conception
GRADUATE SCHOOL

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

STATISTICIAN REQUEST FORM

Control No. _____

Date

Dear _____,

Greetings!

This is to inform you that you are assigned as Statistician
_____, a _____ student.

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

Thank you.

Very truly yours,

Program Coordinator

Dr. Mary Jane B. Amoguis
Dean, Graduate School

Conforme: _____
Signature over Printed Name

Date: _____