

Research Consulting Group

Health Data Analytics

Geoinformatics

Program Evaluation



RESEARCH CONSULTING GROUP AGREEMENT FORM FOR FACULTIES & STUDENTS

A. General Information		
Student Name:	E-mail:	Phone:
Mentor Name:	E-mail:	Phone:
Major:	Entity:	Graduation Date:
Project name / hypothesis:		Status:
External Funding Source <input type="checkbox"/> Yes If yes, which source: _____ <input type="checkbox"/> No		Project Start Date: End Date:
Have you received consulting previously on this project? <input type="checkbox"/> Yes. <input type="checkbox"/> No. If yes, Consultant: _____		

B. Description of Problem.
Please give a concise description of the particular problem you are requesting statistical help for and what you expect from RCG.

I. *Consulting Defined*

In general, consulting includes activities in which our analysts draw upon their professional expertise to provide deliverables including data management, statistical design, data analysis, and assistance in the statistical methods in report writing. Student mentoring is not included in the consultation.

II. *Conflicts of Interest and Consulting*

As a statistical consulting service, we thrive on the corroboration and testimony of clients like yourself. Please note that it is proper to recognize RCG consultants as listed in the *acknowledgement* or *coauthors* when the consultants are asked to be extensively involved with a project (i.e. design, data analysis, and/or preparation of methods and materials, results and discussion for corresponding manuscripts). If there are any questions about this particular point, please address your concerns to RCG (rcg@llu.edu).

By obtaining assistance with RCG, you agree to the following:

- I agree that I am responsible for payment to LLU Research Consulting Group for any remaining balance should my project exceed the amount from other sources.
- In the case that I am billed personally, I agree to make payment for services within 30 days of project completion or upon invoice receipt.
- By mutual agreement between consultant and client, work-order is subjected to modifications.

STUDENT'S SIGNATURE

DATE

MENTOR'S SIGNATURE

DATE

For Office Use Only

This project is under the supervision of a senior statistical faculty.

Project Supervisor

Signature

Date

Research Analyst

Signature

Date