



## Data Clinic Request Form

Name:	Click here to enter text.	Date:	Click here to enter a date.		
Title / student #:	Click here to enter text.	Department/ College:	Click here to enter text.		
PNU Email:	Click here to enter text.				
Supervisor's name and email (if students)	Click here to enter text.				
Project Title:	Click here to enter text.				
Ethical approval number:	Click here to enter text.	Phone number:	Click here to enter text.		
Which area do you require consultation? (You may choose more than one).					
<input type="checkbox"/> Discuss research idea / objectives		<input type="checkbox"/> Software consultation			
<input type="checkbox"/> Methodology		<input type="checkbox"/> Interpretation of results			
<input type="checkbox"/> Data analysis (coding, choice of tests...)		<input type="checkbox"/> Other _____			
What days and times are you available?					
<b>Time</b>			<b>Time</b>	<b>Time</b>	
<input type="checkbox"/> Sunday -----		<input type="checkbox"/> Monday -----		<input type="checkbox"/> Tuesday -----	
<input type="checkbox"/> Wednesday -----		<input type="checkbox"/> Thursday -----			

Please send to [hsrc-dc@pnu.edu.sa](mailto:hsrc-dc@pnu.edu.sa)

for inquiries, please contact: 0096611824468

### For Research Center Staff Use ONLY

Date received: Click here to enter a date.	Request # Click here to enter text.
Data Clinic Team: Click here to enter text.	
Date of receiving request form: Click here to enter a date.	Date of 1 <sup>st</sup> appointment: Click here to enter a date.
Service requested:	<input type="checkbox"/> Research Consultation <input type="checkbox"/> Project Collaboration

*Note: This is an official document for Princess Nourah bint Abdulrahman University's HSRC, It must not be modified from the original.*