Biostatistics Consulting Center
School of Public Health & Health Sciences
University of Massachusetts at Amherst

Permission to Use Hourly Statistical Consulting and Education Services

Client Name:

Department:

School:

Maximum hours authorized:

BCCUMA Contract ID: _____

Authorizing Signature: _____

Name: _____

(please print)

Service Used:

Date	**Hours**	**Consultant**
_____	_____	_____
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