



STATEMENT OF INTENT TO ESTABLISH

Name of Institution

City and State (Country)

Present Student Organization

Name of current student organization: _____

Date founded: _____ Current number of members: _____

Curriculum Information

Name of curriculum: _____

This curriculum leads to the following degree: _____

| | |
|--|--|
| <p>The degree program is accredited by:</p> <p><i>Student Members (S.M.ASCE) of ASCE Student Chapters are upgraded to Associate Members of the Society (A.M.ASCE) upon graduation if the University is accredited by ABET or is a signatory of the Washington Accord. Student Members (S.M.ASCE) of non-accredited Universities are upgraded to Affiliate Members of the Society (Aff.M.ASCE) upon graduation.</i></p> | <p>(check one)</p> <p><input type="checkbox"/> Engineering Accreditation Commission (EAC) of the Accreditation Board for Engineering and Technology (ABET)</p> <p><input type="checkbox"/> A signatory to the Washington Accord named: _____</p> <p><input type="checkbox"/> non-ABET-accredited</p> |
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List months when school is not in session: _____

Current number of students enrolled in this curriculum: _____

Seniors: _____ Sophomores: _____ Master's: _____

Juniors: _____ Freshmen: _____ Ph.D.: _____

Total graduates with a bachelor's degree from this curriculum during past 12 months: _____

Are bachelor's degree seniors required to sit for the EIT/FE exam (or equivalent) to graduate? Yes No

Total graduates with a master's degree and/or Ph.D. from this curriculum during past 12 months: _____

Department Head Endorsement

I have reviewed the Statement of Intent to Establish. The department fully supports the establishment of an ASCE Student Chapter at our institution.

Signature: _____

Name (please print): _____

Title: _____ Date: _____

Identification of Student Chapter Faculty Advisor

Faculty Advisor Name: _____ ASCE ID Number: _____

Mailing Address: _____

Phone Number: _____

E-mail Address: _____



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Identification of Practitioner Advisors

Practitioner Advisor #1:

Name: _____ ASCE ID: _____

Mailing Address: _____

Phone Number: _____

E-mail Address: _____

Practitioner Advisor #2:

Name: _____ ASCE ID: _____

Mailing Address: _____

Phone Number: _____

E-mail Address: _____



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Section/Branch Endorsement

Our Section/Branch endorses the establishment of this ASCE Student Chapter. I confirm the Section/Branch is prepared to sponsor, promote and direct the Student Chapter as its parent Section/Branch during the upcoming year as outlined above, and also following establishment.

President's

Date:

Signature: _____

Name (please print): _____

Mailing Address: _____

Phone Number: _____

Email Address: _____



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| | | | |
|---|--|---|--|
| Name of Event: | | | |
| Date(s) of Event: | | Expected Number of Participants: | |
| Involvement (if any) by Section/Branch/PA: | | | |
| Type of Event (check one): | | | |
| <input type="checkbox"/> Professional Meeting with invited speaker (NOT a class lecture, software training, or any other activity that is part of the engineering curriculum) | | | |
| <input type="checkbox"/> Student talk or paper presentation | | | |
| <input type="checkbox"/> Field Trip | | | |
| <input type="checkbox"/> Social Function | | | |
| <input type="checkbox"/> Officer Planning Meeting | | | |
| <input type="checkbox"/> Collaborate with another Student organization | | | |
| <input type="checkbox"/> Community Service Project | | | |
| Summary of Event: | | | |
| | | | |



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|---|--|---|--|
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| <input type="checkbox"/> Student talk or paper presentation | | | |
| <input type="checkbox"/> Field Trip | | | |
| <input type="checkbox"/> Social Function | | | |
| <input type="checkbox"/> Officer Planning Meeting | | | |
| <input type="checkbox"/> Collaborate with another Student organization | | | |
| <input type="checkbox"/> Community Service Project | | | |
| Summary of Event: | | | |
| | | | |

(add additional pages as necessary)



STATEMENT OF INTENT TO ESTABLISH

Submission instructions:

A completed submission will consist of a **single email** with the following files attached:

A **single .pdf file** containing:

1. Completed **Statement of Intent to Establish**
2. A copy of the section of the current school catalog containing a description of the qualifying curriculum.

This email should be sent to student@asce.org

This Statement of Intent to Establish was prepared and submitted by:

Name

Signature

Title

Date

Telephone Number

E-mail Address