

Name	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 degre	e:			
The degree program is accredited by:	(check one)			
Student Members (S.M.ASCE) of ASCE Student Chapters are upgraded to Associate Members of the Society (A.M.ASCE) upon graduation if the Universit 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	A signatory to the Washington Accord			
Members of the Society (Aff.M.ASCE) upon graduation.	□ non-ABET-accredited			



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:     Date:     Identification of Student Chapter Faculty Advisor     Faculty Advisor Name:   ASCE ID Number:     Mailing Address:     Phone Number:     E-mail Address:	List months when	school is no	t in session:		
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?	Current number of	students en	rolled in this curriculum:		
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?	Se	eniors:	Sophomores:	Master's:	
Are bachelor's degree seniors required to sit for the EIT/FE exam (or equivalent) to graduate?  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:  Mailing Address:  Phone Number:	Ju	niors:	Freshmen:	Ph.D.:	
EIT/FE exam (or equivalent) to graduate?	Total graduates wi	th a bachelo	r's degree from this curr	culum during pas	t 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:  Mailing Address:  Phone Number:	_		•	□ Yes	 □ No
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establishment of an ASCE Student Chapter at our institution.  Signature:  Name (please print):  Title:  Date:  Identification of Student Chapter Faculty Advisor  Faculty Advisor Name:  Mailing Address:  Phone Number:	•				
Name (please print):  Title:  Date:  Identification of Student Chapter Faculty Advisor  Faculty Advisor Name:  Mailing Address:  Phone Number:				-	y supports the
Title: Date:  Identification of Student Chapter Faculty Advisor  Faculty Advisor Name: ASCE ID Number:  Mailing Address:  Phone Number:	Signature:				
Identification of Student Chapter Faculty Advisor  Faculty Advisor Name: ASCE ID Number:  Mailing Address:  Phone Number:	Name (please prin	t):			
Faculty Advisor Name:  Mailing Address:  Phone Number:	Title:			Date:	
Mailing Address:  Phone Number:	Identification of	f Student	Chapter Faculty Ad	visor	
Phone Number:	Faculty Advisor N	ame:		ASCE ID Nu	mber:
	Mailing Address:				
E-mail Address:	Phone Number:				
	E-mail Address:				



### **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:	
<del>-</del>	
DI V 1	
Phone Number: E-mail Address:	



## **Section/Branch Support Plan**

This page is to be completed by the President of the sponsoring ASCE Section or Branch in whose jurisdiction the requesting institution is located. (If there is no ASCE Section in your country, the Section/Branch Support Plan and Endorsement may be omitted).

Name of sponsoring Section/Branch:		
Date sponsorship began:		
Explain in detail how the Section/Branch will assist and support this group of students during the next 12 months in their efforts to establish an ASCE Student Chapter. <b>Please be specific about direct planned interactions and activities.</b> Attach additional pages if necessary.		



#### **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 Signature:	Date:
Name (please print):	
Mailing Address:	
Phone Number:	
Email Address:	



## **Summary of Planned Meetings & Activities**

Complete the following for planned meetings and activities for the next 12 months. Attach additional pages as necessary.

Name of Event:			
Date(s) of Event:		<b>Expected Number of Participants:</b>	
Involvement (if an Section/Branch/PA	* ' *		
Type of Event (che	eck one):		
□ Professional Meeting with invited speaker (NOT a class lecture, software training, or any other activity that is part of the engineering curriculum) □ Student talk or paper presentation □ Field Trip □ Social Function □ Officer Planning Meeting □ Collaborate with another Student organization □ Community Service Project			
<b>Summary of Even</b>	t:		
Summary of Event:			



Name of Event:			
Date(s) of Event:		<b>Expected Number of Participants:</b>	
Involvement (if an	iy) by		
Section/Branch/PA	<b>A</b> :		
Type of Event (che	eck one):		
☐ Professional any other action any other action and any other action any other action and action action and action action and action acti	I Meeting with invited setivity that is part of the corpaper presentation etion ming Meeting with another Student of Service Project	speaker (NOT a class lecture, software to engineering curriculum)  rganization	raining, or



Name of Event:			
Date(s) of Event:		<b>Expected Number of Participants:</b>	
Involvement (if any			
Section/Branch/PA			
Type of Event (che	ck one):		
any other act  ☐ Student talk ☐ Field Trip ☐ Social Funct ☐ Officer Plant	tivity that is part of the or paper presentation ion ning Meeting with another Student or	peaker ( <b>NOT</b> a class lecture, software tengineering curriculum)  rganization	raining, or
<b>Summary of Event</b>	•		



Name of Event:			
Date(s) of Event:		<b>Expected Number of Participants:</b>	
Involvement (if an Section/Branch/PA			
Type of Event (che	eck one):		
any other ac  ☐ Student talk ☐ Field Trip ☐ Social Funct ☐ Officer Plan	tivity that is part of the or paper presentation tion ming Meeting with another Student or	speaker ( <b>NOT</b> a class lecture, software to engineering curriculum)  organization	raining, or
Summary of Event	t:		

(add additional pages as necessary)



#### **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