

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:

The degree program is accredited by: (check one)

□ Engineering Accreditation Commission (EAC) of the Accreditation Board for Engineering and Technology (ABET)

A signatory to the Washington Accord named:

 \Box non-ABET-accredited



List months when school is not in session:

Current number of students enrolled in this curriculum:				
Se	eniors:	Sophomores:	Master's:	
Ju	iniors:	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 Name:	ASCE ID Number:
Mailing 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:		
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. **Please be specific about direct planned interactions and activities.** 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:		Expected Number of Participants:	
Involvement (if any)	by		
Section/Branch/PA:			
Type of Event (check	k 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 			



Name of Event:			
Date(s) of Event:		Expected Number of Participants:	
Involvement (if any Section/Branch/PA			
Type of Event (che	ck 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 			
Summary of Event:			



Name of Event:			
Date(s) of Event:		Expected Number of Participants:	
Involvement (if any) Section/Branch/PA:		1	
Type of Event (chec	ek one):		
Type of Event (check 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 Summary of Event:			



Name of Event:			
Date(s) of Event:		Expected Number of Participants:	
Involvement (if any			
Section/Branch/PA	•		
Type of Event (che	ck one):		
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Summary of Event:			

(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 <u>student@asce.org</u>

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

Name	Signature
Title	Date
Telephone Number	E-mail Address