

Name of	Name of Institution			
City and Sta	ate (Country)			
Duccont Student Organization				
Present Student Organization Name of current student organization:				
Date founded: Cu	urrent number of members:			
Curriculum Information				
Name of curriculum:				
This curriculum leads to the following degree:				
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 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.	☐ Engineering Accreditation Commission (EAC) of the Accreditation Board for Engineering and Technology (ABET) ☐ A signatory to the Washington Accord named: ☐ non-ABET-accredited			



List months wh	nen school is not	in session:		
Current number	er of students enr	olled in this curriculum	:	
	Seniors:	Sophomores:	Master's:	
	Juniors:	Freshmen:	Ph.D.:	
Total graduates	s with a bachelor	's degree from this curr	riculum during past	12 months:
	degree seniors r (or equivalent) to	equired to sit for the graduate?	□ Yes	□ No
_	s with a master's culum during pas	degree and/or Ph.D.		
Department	Head Endors	ement		
		of Intent to Establish. The Intent Chapter at our insti	•	y supports the
Signature:				
Name (please p	orint):			
Title:			Date:	
Identification	n of Student C	Chapter Faculty Ad	lvisor	
Faculty Adviso	or Name:		ASCE ID Nu	mber:
Mailing Addre	ss:			
Phone Number	·:			
E-mail Addres	s:			
	_			_



Identification of Practitioner Advisors

Practitioner Advisor #1:

Name:	ASCE ID:	
Mailing Address:		
Phone Number:		
E-mail Address:		
Practitioner Advisor #2:		
Name:	ASCE ID:	
Name: Mailing Address:	ASCE ID:	
	ASCE ID:	
	ASCE ID:	



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 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 			
Summary of Event	t:		



Name of Event:			
Date(s) of Event:		Expected Number of Participants:	
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	peaker (NOT a class lecture, software tengineering curriculum) rganization	raining, or
Summary of Event	t:		



Name of Event:	1		
Date(s) of Event:		Expected Number of Participants:	
Involvement (if an			
Section/Branch/PA	\:		
Type of Event (che	eck one):		
		speaker (NOT a class lecture, software t	raining, or
	tivity that is part of the or paper presentation	engineering curriculum)	
☐ Student talk ☐ Field Trip	or paper presentation		
☐ Social Funct	tion		
☐ Officer Plan			
☐ Collaborate ☐ Community	with another Student or	rganization	
Summary of Event	ι:		



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

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

Name	Signature
Title	Date
Telephone Number	E-mail Address