



ASCE STUDENT CHAPTER APPLICATION

Name of Institution

City and State (or Country)

Date Statement of Intent to Establish was submitted

Faculty Advisor

Faculty Advisor Name: _____ ASCE ID Number: _____

Mailing Address: _____

E-mail Address: _____

Signature: _____



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Practitioner Advisor #1 Statement of Support:

Name: _____ ASCE ID: _____

Mailing Address: _____

E-mail Address: _____

Signature: _____

Explain in detail how you assisted and supported this group of students during the 12 months of their establishment period in their efforts to establish an ASCE Student Chapter. **Please be specific about direct interactions and activities.** Attach additional pages if necessary.



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Practitioner Advisor #2 Statement of Support:

Name: _____ ASCE ID: _____

Mailing Address: _____

E-mail Address: _____

Signature: _____

Explain in detail how you assisted and supported this group of students during the 12 months of their establishment period in their efforts to establish an ASCE Student Chapter. **Please be specific about direct interactions and activities.** Attach additional pages if necessary.



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Section/Branch Endorsement

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, this Section/Branch Endorsement may be omitted).

Name of sponsoring Section/Branch: _____

Our Section/Branch endorses the establishment of this ASCE Student Chapter. I confirm the Section/Branch is prepared to continue to sponsor, promote and direct the Student Chapter as its parent Section/Branch following establishment.

President's

Signature: _____

Date: _____

Name (please print): _____

Mailing Address: _____

Email Address: _____



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Submission instructions:

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

1. A completed **ASCE Student Chapter Application**
2. A **Chapter Data File** (Excel template available [online](#))
3. A **Chapter Activities File** (PowerPoint template available [online](#))

Before this application can be submitted to CSM for review, you must pay your first year's Student Chapter Annual Dues¹. For information on how to make your payment, contact student@asce.org.

This email should be sent to student@asce.org

This application was prepared and submitted by:

Name

Signature

Title

Date

Telephone Number

Email Address

¹ \$75/Chapter – adjusted for groups outside the United States according to [World Bank Discounts](#). If the application is not approved, this payment will not be refunded, but will be credited to subsequent applications.