



FELLOW APPLICATION CONFIDENTIAL REFERENCE FORM

You have been listed by the applicant named below as a reference for advancement to Fellow at ASCE (www.asce.org/fellows). Please complete this entire form. You may complete the form on your computer or, print out the form and print or type in the required information. You may attach additional sheets to this form if needed. Please return the form and any attached documents directly to the Membership Application Review Committee (MARC) by mail, fax, or e-mail at your earliest convenience.

Mail: ATTN: Fellow Applications Coordinator
ASCE - Membership Applications Review Committee (MARC)
1801 Alexander Bell Drive
Reston, VA 20191
USA

Fax: 877-644-0296

E-Mail: fellows@asce.org

Applicant Name:

Reference Name:

Date:

Reference Member Grade: *(Please check one)* Fellow Member Distinguished Member

Reference Title:

Reference Business:

Reference Address:

Reference Telephone or E-mail:

Signature (required on mail or fax copies): _____

1) Please list one U.S. state/jurisdiction in which you are licensed to practice engineering:

State:

License Number:

Expiration Date:

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fellows@asce.org

www.asce.org/fellows

2) How long have you known the applicant and in what capacity?

3) How would you compare the applicant in professional competence and promise with others you have known at this stage of their career?

4) In what areas of engineering do you consider the applicant to be an expert in (research, design, project management, etc.), please explain:

5) Give at least one example of a decision or situation where the applicant exercised exceptional professional judgment and/or behavior:

6) Do you recommend the applicant for advancement to Fellow at ASCE (to review the full criteria please visit www.asce.org/fellows)? Yes No

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