

# ASCD Student Chapter Program

## Application

1. College or University: \_\_\_\_\_

2. Accreditation: \_\_\_\_\_  
(Specify state, region, or national accrediting organization)

3. Faculty Advisor: \_\_\_\_\_

Title: \_\_\_\_\_

ASCD Membership #: \_\_\_\_\_

School Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

4. Student Leader: \_\_\_\_\_

Year: \_\_\_\_\_  
(Freshman, Sophomore, Junior, Senior, Grad Student)

ASCD Membership #: \_\_\_\_\_

School Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_

I have read and understand the conditions for establishing an ASCD student chapter and affirm that our chapter meets all the criteria on “How to Start an ASCD Student Chapter.”

Faculty Advisor: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

\* Mail completed chapter application packet to: ASCD—Sumi Vishnu—1703 N. Beauregard St.—Alexandria, VA 22311-1714 USA.

