

Student Chapter Charter Form

Student Chapter	
College/University	
Address	
Student Chapter Advisor	
Student Chapter Primary Advisor Name	
Primary Advisor Address	
Primary Advisor Phone #	Cell: Office:
Primary Advisor E-mail	
Student Chapter Co-Advisor (if applicable)	
Student Chapter Co-Advisor Name	
Co-Advisor Address	
Co-Advisor Phone #	Cell: Office:
Co-Advisor E-mail	
College/University Representative	
Person we should notify of your chapter's accomplishment and your service to the students (e.g. dean, university president)	
College/University Representative Name	
College/University Representative Title	
College/University Representative Address	
College/University Representative Phone #	
College/University Representative E-mail	
Local Media	
List any media we should notify of your chapter's accomplishment and your service to the students	

Submitted By:	Date:
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