

Student Chapter Application

Thank you for your interest in establishing an ADPAF Student Chapter at your university. Please review this document thoroughly before completing and returning to info@adpaf.org.

Applications will be reviewed by the National Board at the next quarterly meeting once application is received.

University Information

Official name of the university (as found on university letterhead): [Click here to enter text.](#)

List any variations of the official name that students may use when referencing your university (e.g., UNICAR, TAMU, UNPAD). [Click here to enter text.](#)

Academic year start: [Click here to enter text..](#)

Academic year end: [Click here to enter text.](#)

Address line 1: [Click here to enter text.](#)

Address line 2: [Click here to enter text.](#)

Address line 3: [Click here to enter text.](#)

City: [Click here to enter text.](#)

State/Province: [Click here to enter text.](#)

Country: [Click here to enter text.](#)

Postal code: [Click here to enter text.](#)

Student Chapter Officers

- Encourage at least two individuals to serve as officers who will not be graduating within 6 months of application.
- As many officers as necessary may be elected, however, the following positions are recommended: President, Treasurer, and Secretary

Officer term end: [Click here to enter a date.](#)

Last Name	First Name	Officer Position	Address	City	STATE	ZIP	Email	Cell Phone