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|  |
| **Name of College or University** |
|  |
| **Proposed Name of Student Chapter** |
|  |
| **Location (City and State)** |

**TO: National Stone, Sand & Gravel Association**

**Attn: NSSGA Meetings**

**66 Canal Center Plaza, Suite 300**

**Alexandria, VA 22314**

To stimulate student interest in the aggregates industry at our college or university, we submit this application for the establishment of an NSSGA Student Chapter.

We have reviewed the qualifications required of a proposed NSSGA Student Chapter and believe that they are fulfilled at our school. In support of this application we therefore submit the following information with the endorsement of the appropriate college/university official.

This application was prepared and submitted by:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | College/University |
|  |  |  |
| Name |  |
|  |  |
| Title |  | Mailing Address |
|  |  |  |
| Date |  | Email |
|  |  |  |
|  |  | Telephone Number |
|  |  |  |
|  |  | Fax Number |

1. **Present Student Organization**

|  |  |
| --- | --- |
| An organized group of at least five undergraduate or graduate students interested in aggregates and/or mining is already in existence at our school. | YES / NO |
| Name of Present Student Organization |  |
| Present Number of Members |  |
| List of Members is attached | YES / NO |
| The most recent annual report of our student organization is attached. | YES / NO |
| A list of meetings and activities conducted by our present student organization is attached. | YES / NO |

1. **General Curriculum Information**

Members of the NSSGA Student Chapter would be enrolled in the following curriculum (or curricula):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Curriculum | 4-year or  2-year | Leads to Following Degree | Accredited (indicate which accred.) | Number of  Students Enrolled | Students Graduated in Past 12 Months |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Nominee for Faculty Advisor**

|  |  |
| --- | --- |
| Name |  |
| Position / Title |  |
| Mailing Address |  |
| Email |  |
| Telephone Number |  |
| Fax Number |  |

1. **NSSGA Member Company Sponsor**

|  |  |
| --- | --- |
| Company Name |  |
| Contact Name |  |
| Position / Title |  |
| Mailing Address |  |
| Email |  |
| Telephone Number |  |
| Fax Number |  |

1. **UNIVERSITY STATEMENT OF ENDORSEMENT**

**(REQUIRES SIGNATURE OF DEPARTMENT HEAD OR OTHER APPROPRIATE ADMINISTRATIVE UNIT)**

We are prepared to support and encourage the proposed NSSGA Student Chapter at our school.

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| --- |
|  |
| Signature |
|  |
| Name |
|  |
| Title |
|  |
| Date |
|  |