

APPLICATION FOR AN SAE COLLEGIATE CHAPTER

UNIVERSITY INFORMATION

University Name			
Department			
Mailing Address			
City			
State/Province			
Zip/Postal Code			
Country			
University web page			
FACULTY ADVISOR INFOR	RMATION		

Name (Last, First, MI)	
Department	
SAE Member #	
Email	
Phone	
Fax	



DEPARTMENT CHAIR OR DEAN INFORMATION

Name (Last, First, MI)	
Department	
SAE Member #	
Email	
Phone	
Fax	

ADDITIONAL UNIVERSITY CONTACT INFORMATION

Name (Last, First, MI)	
Email	
SAE Member #	
Department	
Mailing Address	
City	
State/Zip	

What organization has accredited your College of Engineering (ABET, CEAB, other)?



What engineering programs does your university/college offer?

Aerospace Engineering	Environmental Engineering	
Agricultural Engineering	Industrial Engineering	
Architectural Engineering	Manufacturing Engineering	
Aviation Sciences	Mechanical Engineering	
Automotive Engineering	Mining Engineering	
Bioengineering	Nuclear Engineering	
Biomedical Engineering	Petroleum Engineering	
Chemical Engineering	Systems Engineering	
Civil Engineering	Other (please state):	
Computer Engineering	Other (please state):	
Electrical Engineering	Other (please state):	



STUDENT MEMBERS

LAST	FIRST	EMAIL	SAE MEMBER #	EXPIRATION

Return to:

Abby Hartman

Local Activity Specialist

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