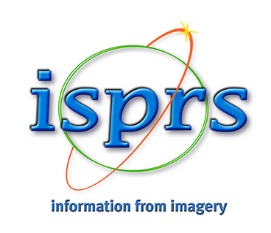
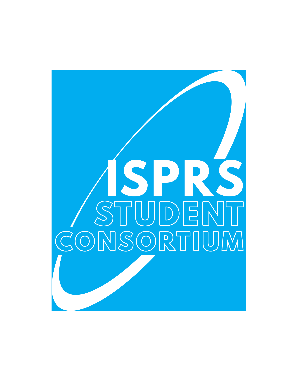
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**APPLICATION FOR THE ISPRS STUDENT CONSORTIUM**

**(ISPRS SC) STUDENT CHAPTER**

Date of Application:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Official Name of Student Chapter** | | | | **Abbreviation** (if applicable) | | | |
| **Contact Information of the Student Chapter:**  *(Email Address, Telephone/Mobile Number, Mailing Address)* | | | | **Student Chapter Lead**  *(Full Name, Current Position, Current Affiliation)* | | | |
| **Student Chapter Co-Lead**  *(Full Name, Current Position, Current Affiliation)* | | | | **Student Chapter Advisor**  *(Full Name, Current Position, Current Affiliation and ISPRS Affiliation)* | | | |
| **List of Founding Members** | | | | | | | |
| **Full Name**  *(Last Name, Given Name)* | **Current Position** | | | **Current Affiliation** | | **Year of Birth** | **Email Address** |
| 1. |  | | |  | |  |  |
| 2. |  | | |  | |  |  |
| 3. |  | | |  | |  |  |
| 4. |  | | |  | |  |  |
| 5. |  | | |  | |  |  |
| 6. |  | | |  | |  |  |
| 7. |  | | |  | |  |  |
| 8. |  | | |  | |  |  |
| 9. |  | | |  | |  |  |
| 10. |  | | |  | |  |  |
| 11. |  | | |  | |  |  |
| 12. |  | | |  | |  |  |
| *\*If the founding members are more than 12 individuals, please use a separate sheet following the above format.* | | | | | | | |
| **CERTIFICATION**  We hereby certify that the founding members listed above have agreed to establish [Name of Student Chapter] and no conflicts of interest exist among the members upon the submission of this application. | | | | | | | |
| **Signed:**  *[Full Name of Student Chapter Lead and Signature]*  **Date:** | | **Signed:**  *[Full Name of Student Chapter Co-Lead and Signature]*  **Date:** | | | **Signed:**  *[Full Name of Student Chapter Advisor and Signature]*  **Date:** | | |
| *For the use of the ISPRS SC Board and Advisory Committee [Do not fill out]* | | | | | | | |
| Date Received: | | | Application No. | | | | |
| ISPRS SC Approval | | | | | | | |
| Review and Evaluation Lead:  ISPRS SC Vice President  Signature:  Date: | | | Approval:  ISPRS SC President  Signature:  Date: | | | | |
| ISPRS SC Advisory Committee Approval | | | | | | | |
| ISPRS Vice President  Signature:  Date: | | | ISPRS Secretary  Signature:  Date: | | | | |

Please complete this *application form* and send to:

**Laxmi Thapa**

President, ISPRS Student Consortium

Email address: thapalaxmi278@gmail.com

with copy to:

**Nicolas Paparoditis**

ISPRS Vice President

Email address: isprs-vp@isprs.org

*ISPRS SC will communicate with the applicant and inform about the application results.*