



Annual Report for CSCE Student Chapters

Chapter Name
(and optional photo or logo)

Academic Year

CSCE Student Chapter Information

Name of University: _____

Mailing Address: _____

E-mail Address: _____

Chapter web site: _____

Other online site(s): _____

Important Contacts

Contact Name	Phone/E-mail	Mailing Address	Comments

(Please print & sign names)

Report submitted by:

Contents approved by:

Secretary of CSCE Student Chapter

President of Student Chapter

President of CSCE Student Chapter

Faculty Advisor

Date

Practitioner Advisor

Advisor Information

Faculty Advisor Name: _____

Faculty Advisor E-mail Address: _____

Faculty Advisor Phone Number: _____

Practitioner Advisor Name: _____

Practitioner Advisor E-mail Address: _____

CSCE Student Chapter Executives

CURRENT

From (date): _____ To: _____

	Name	Program Year (1 st , 2 nd , 3 rd , or 4 th year)
President	_____	_____
Vice President	_____	_____
Secretary	_____	_____
Treasurer	_____	_____
Other (Specify)	_____	_____
	_____	_____

INCOMING

From (date): _____ To: _____

	Name	Program Year (1 st , 2 nd , 3 rd , or 4 th year)
President	_____	_____
Vice President	_____	_____
Secretary	_____	_____
Treasurer	_____	_____
Other (Specify)	_____	_____
	_____	_____

SECTION 1: CSCE Student Chapter Goals & Objectives

Summary statement:

Goals and Assessment:

Goal #1:

Action Plan:

Assessment of Goal #1:

Follow-up Plan for Goal #1:

Goal #2:

Action Plan:

Assessment of Goal #2:

Follow-up Plan for Goal #2:

(add additional goals and pages, as necessary)

SECTION 2: Student Chapter Membership and Meetings

2.1: MEMBERSHIP

Is attendance at CSCE Student Chapter meetings obligatory? Yes / No

Total number of Freshmen (Fr) eligible to join CSCE: (1) _____

Total number of Continuing Students (CS) eligible to join CSCE:
(i.e. number of CS with CE declared major) (2) _____

Number of Freshmen (Fr) in your CSCE Student Chapter: (3) _____

Number of Continuing Students (CS) in your CSCE Student Chapter: (4) _____

Statistical information:

What percentage of eligible students are Chapter members?
 $[(3)+(4)] / [(1)+(2)]$ _____

What is the percentage increase (or decrease) in members over last year? _____

Note: Please provide membership lists in an Attachment.

2.2: CSCE STUDENT CHAPTER MEETINGS

Date	Activity Type (Use abbreviations below)	Program (Briefly describe program. Include name of speaker if applicable.)	Attendance				
			Students	Faculty	Faculty Advisor	Practitioner Advisor	Other

Meeting Abbreviation		Total # of Meetings
PRM	Professional Meetings (business & technical presentations):	_____
SPP	Student debates/talks or Paper Presentations at Chapter meetings:	_____
CPC	Meeting with Professional Conduct (Licensure/Ethics) programs:	_____
CFT	Student Chapter sponsored Field Trips:	_____
CSF	Student Chapter sponsored Social Functions:	_____
COP	Officers' or Planning Meetings:	_____
SB	CSCE Section meetings:	_____

Statistical Information:

Average attendance at 5 most populated Student Chapter meetings:
 (if fewer than 5 meetings were held, average all meetings) _____

(Average attendance) / (Total Student Chapter members) = _____

PROVIDE DATA/INFORMATION ON THE FOLLOWING:
(use sample activity summary sheet on following page)

SECTION 3: PARTICIPATION IN MULTI-CHAPTER EVENTS

SECTION 4: STUDENT CHAPTER NEWSLETTER AND ONLINE PRESENCE

SECTION 5a: PARTICIPATION IN STUDENT PAPER COMPETITION

SECTION 5b: PARTICIPATION IN CAPSTONE COMPETITION

SECTION 5c: PARTICIPATION IN OTHER STUDENT COMPETITIONS

SECTION 6: PARTICIPATION IN SOCIETY-LEVEL EVENTS

Activity Summary Sheet

(use a separate sheet for each activity under sections 3-6)

Activity: _____

Date: _____

Location: _____

Attendance:

Students: _____

Faculty: _____

Faculty Advisor: _____

Practitioner Advisor: _____

Other: _____

Report Prepared By: _____

Activity Summary:

Activity Assessment:

Suggestions for the Future:

Include Photographs, Images, etc.

Special Projects Report

Project Title: _____

Project Participation (Number of people who worked on the project):

Students: _____

Faculty (incl. Faculty Advisor): _____

Practitioners (incl. Practitioner Advisor): _____

Total Person-Hours Spent on the Project: _____

Percent of CSCE Student Chapter Membership That Worked on the Project: _____

Was the project a credited course? Yes / No

Project Abstract: (A brief description of the project)

Goals and assessment: (Describe Student Chapter goals and objectives that were addressed during the course of this project. Assess the degree to which goals were attained)

Engineering component: (A brief description of engineering skills used to complete this project)

Project impact: (Briefly describe the potential short- and long-term impacts of this project beyond the CSCE Student Chapter)

Use additional pages, as necessary, to describe the project and provide photo documentation.

Financial Report

Student Chapter at:

(Name of University or College)

For the period:

REVENUES

Brought forward (A)

Income (list sources)

TOTAL INCOME (B)

EXPENSES (List sources)

TOTAL EXPENSES (C)

BALANCE

(B minus C)

(D)

SURPLUS (DEFICIT)

(D minus A)

Chapter Treasurer (sign)

Print Name

Date

Faculty Advisor (sign)

Print Name

Date