**
Student Member Declaration Form**

# **Instructions**

* Fill out your correct student information
* **Print this form on University letterhead paper**
* Ask your supervisor/head of department to review, sign, and **apply a University stamp**
* **Upload a PDF or JPG of this form** to your student membership/renewal application

# **Student Information**

|  |  |
| --- | --- |
| **Date:** |  ENTER DATE |
| **Full Name:** |  ENTER FULL NAME |
| **University:** |  ENTER UNIVERSITY |
| **Degree & Degree Title:** |  ENTER DEGREE AND TITLE |
| **Expected Completion Date:** |  ENTER EXPECTED COMPLETION DATE |

# **Supervisor/Head of Department Information**

*I confirm that this student is under my supervision studying toward their expected degree. I confirm the information provided above accurately displays the student’s area of study and expected completion date.*

|  |  |
| --- | --- |
| **Name of Supervisor/Head of Department:** |  ENTER NAME OF SUPERVISOR OR DEPARTMENT HEAD |
| **Signature of Supervisor/Head of Department:** |  |
| **University/Department Stamp:** |  |