



Student Affiliates in School Psychology (SASP): Chapter Application

To establish a chapter of SASP at your school please complete this form and return it to the SASP Membership Chair, [saspweb@gmail.com](mailto:saspweb@gmail.com)

**CHAPTER REPRESENTATIVE NAME(S):**

**MAILING ADDRESS:**

**EMAIL ADDRESS(ES):**

**UNIVERSITY AFFILIATION:**

**FACULTY SPONSOR:**

**FACULTY EMAIL:**

**TELL US ABOUT YOUR PROGRAM:**

Approximately how many students are in your program?

What programs are available (MA, PD, PhD, Psy.D, combined program, etc.)?

What prompted your program to establish a SASP chapter? What Division 16/SASP opportunities and experiences are students in your program interested in?