



# The Society of Hispanic Professional Engineers, Inc.

13181 Crossroads Parkway North, Suite 450  
 City of Industry, CA 91746-3497

**Phone:** 323-725-3970

## Affidavit of Graduation Status

Applicant Information				
Name:				Date:
	<i>Last</i>	<i>First</i>	<i>M.I.</i>	
*Address:				( )
	<i>Street Address</i>			<i>Phone:</i>
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>	
E-mail:				
Phone				
<b>*The address where you wish to receive your ballot. The ballots will be mailed first Friday of April.</b>				
Education/Employment Information				
University/College:				
Address:		Phone:	( )	
Degree:		GPA (4.0 Scale):		
Dean/Advisor:				Title:
Address:				( )
	<i>Street Address</i>			<i>Phone:</i>
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>	
<b>Dean/Advisor Signature:</b>			Date:	
Will you be attending graduate school?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, which school?	
<b>If you are not attending graduate school per policy 1010 you receive a free professional membership within your first year of graduation. You will be automatically placed as a MEMBER AT-LARGE category unless you specify a professional chapter.</b>				
Would you like to specify a professional chapter?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, which chapter?	
Disclaimer and Signature				
I do hereby state that I will be graduating by June 30 of this year with a bachelor's degree. I am also a member of SHPE in good standing. If deemed necessary by the Society of Hispanic Professional Engineers to request my graduation status, I am prepared to provide proof. I understand the terms of eligibility in becoming a voting student member and take all responsibility of the facts presented.				
<b>Student Signature:</b>			Date:	

**NOTE:** This affidavit must be mailed (not faxed or email) to the SHPE national office at the above address and is due by **February 15**. For questions regarding this form please email [membership@shpe.org](mailto:membership@shpe.org).