

ite Institute of Transportation Engineers

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APPLICATION FOR TRANSFER FROM STUDENT MEMBER TO MEMBER

Date: _____ Mr.: Mrs.: Ms.: Membership No.: _____
Name: _____ Birth Date (Mo/Day/Year): _____
Employer: _____ Job Title: _____
Address: _____
City: _____ State/Province: _____
Postal Code: _____ Country: _____
Business Telephone Number: _____ FAX Number: _____
E-Mail: _____
Home Address: _____
City: _____ State/Province: _____
Postal Code: _____ Country: _____

Please indicate which address you wish to use for ITE mail:	Home	Business
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Please fill in the information requested.

1. Date of employment in the field of transportation or traffic engineering: _____
2. Immediate supervisor's name and title: _____
3. Date (month and year) of completion of college/university program: _____
Please check one of the following:
a. _____ I received my degree.
b. _____ I voluntarily withdrew from school.
c. _____ Other (please explain): _____

I now have the following college or university degrees (*for schools outside the U.S and Canada please include city and country*):

Degree/Major: _____	School: _____	Date granted: _____ (Mo/Year)
Degree/Major: _____	School: _____	Date granted: _____ (Mo/Year)
Degree/Major: _____	School: _____	Date granted: _____ (Mo/Year)

With this application I apply for transfer from the grade of Student Member to Member in the Institute of Transportation Engineers. To the best of my knowledge, the above statements are true.

Signature of Applicant

Signature of Supervisor

Supervisor's Employer: _____

If you have any questions about qualifications for transfer to the grade of Member, please contact ITE Headquarters for further information.