



ISL Education Partner
*Informal STEM Learning
Commitment Form
(Single Site)

TO: SECME, INC.

FROM: _____ , _____
(ISL Organization Director) (PLEASE PRINT) (Title)

ISL ORGANIZATION: _____

STATE: _____

EMAIL: _____ PHONE: _____

My organization wishes to establish a SECME program at our site. As the ISL Organization Director (referred to as a SECME District Program Director in a school district setting), I am authorized to make program decisions for our organization and I have assigned the individual named below to serve as the SECME Site Coordinator (referred to as a SECME School Coordinator in school settings).

As an ISL Education Partner, we agree to represent and acknowledge our affiliation with SECME Inc. for program activities, resources, and documents provided for the purposes of SECME program implementation and participation.

ISL Organization Director's Signature

Date

ISL Site Name: _____

Site Address: _____

SECME Site Coordinator's Name (PLEASE PRINT): _____

SECME Site Coordinator's Email address: _____

SECME Site Coordinator's Phone: _____

Please email or fax to the SECME National Office
(470) 235-1910
secme@coe.gatech.edu