TO: SECME, INC.

FROM: ________________________________________ , __________________________________

(ISL Organization Director) (Title)

ISL ORGANIZATION: ____________________________________________________________

EMAIL: _____________________________________________ PHONE: _____________________

My organization wishes to establish a SECME program at multiple sites. 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.

________________________________________
Organization Director’s Signature

_________________________
Date

Please list all eligible ISL site information on page two.
Please copy page 2 and enter additional site information if you have more than four sites.

Please email or fax to the SECME National Office
(404) 894-6553
secme@coe.gatech.edu

Multiple ISL SECME Site Information
ISL Education Partner
*Informal STEM Learning
Commitment Form

(please copy this page and use for additional sites)

ISL Site Name: ____________________________________________________________

SECME Site Coordinator’s Name: ____________________________________________

SECME Site Coordinator’s Email address: _____________________________________

SECME Site Coordinator’s Phone: ________________________________

ISL Site Name: ____________________________________________________________

SECME Site Coordinator’s Name: ____________________________________________

SECME Site Coordinator’s Email address: _____________________________________

SECME Site Coordinator’s Phone: ________________________________

ISL Site Name: ____________________________________________________________

SECME Site Coordinator’s Name: ____________________________________________

SECME Site Coordinator’s Email address: _____________________________________

SECME Site Coordinator’s Phone: ________________________________

ISL Site Name: ____________________________________________________________

SECME Site Coordinator’s Name: ____________________________________________

SECME Site Coordinator’s Email address: _____________________________________

SECME Site Coordinator’s Phone: ________________________________

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