TO: SECME, INC.

FROM: ________________________________________ , __________________________________
(ISL Organization Director) (PLEASE PRINT) (Title)

ISL ORGANIZATION: ________________________________________________________________

STATE: ________________________________________

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
(470) 235-1910
secme@coe.gatech.edu
ISL Education Partner
*Informal STEM Learning
Commitment Form
(Multiple Sites)
(please copy this page and use for additional sites)

ISL Site Name:______________________________________________________________________________

SECME Site Coordinator’s Name (PLEASE PRINT):__________________________________________________

SECME Site Coordinator’s Email address:_________________________________________________________

SECME Site Coordinator’s Phone: __________________________

ISL Site Name:______________________________________________________________________________

SECME Site Coordinator’s Name (PLEASE PRINT):__________________________________________________

SECME Site Coordinator’s Email address:_________________________________________________________

SECME Site Coordinator’s Phone: __________________________

ISL Site Name:______________________________________________________________________________

SSECME Site Coordinator’s Name (PLEASE PRINT):__________________________________________________

SECME Site Coordinator’s Email address:_________________________________________________________

SECME Site Coordinator’s Phone: __________________________

ISL Site Name:______________________________________________________________________________

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
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secme@coe.gatech.edu