

STATEMENT OF ELIGIBILITY FOR INSAR STUDENT MEMBERSHIP

Please have your program advisor or mentor complete the following form, sign a hard-copy, and return as part of the Student Membership application process. You will need to:

1. Upload the form in your profile. Procedures found [here](#)
2. Return by **email:** info@autism-insar.org

PLEASE NOTE: This form confirms your status as a student, according to the criteria noted on the [INSAR website](#). Submission of an INSAR Student Application form and payment are requirements to complete the membership application process. Membership applications are accepted January 1—March 31, & June 1-December 31

Dear INSAR Membership Committee,

_____ is currently participating in the _____
Full name of applicant Program or position name

in the Department of _____ at _____, they're
Name of department Name of institution

currently a _____ with a projected program or position completion
Current position/status

date of _____
Program or position completion date

SIGNED:

Name of Advisor or Mentor (Print)

Date

Signature of Advisor or Mentor