**ISPOR Student Chapter Reinstatement Form**

**Name of University:**

**Address:**

**Phone:**

**Email for Faculty Advisor or designated chapter contact:**

**Updated Constitution (you may use the example** [**here**](https://www.ispor.org/docs/default-source/student-chapter-president-resource-center/ispor-student-model-constitution.pdf?sfvrsn=854617eb_2)**):**

**Updated Mission Statement:**

**Chapter Executive Committee:**

President Name:

Email:

Alt. Email:

President Elect (Vice President) Name:

Email:

Alt. Email:

Secretary:

Email:

Alt. Email:

Treasurer:

Email:

Alt. Email:

Faculty Advisor:

Email:

Alt. Email: