



Office of Fraternity and Sorority Life Educational Programming Report

Fraternity/Sorority Name _____ Date(s) of Program _____
Month/Day/Year

Name of Program _____ Location _____

Speaker's Name _____

Topic Description _____

Type of Program: _____ Chapter Fireside
_____ IFC/MGC/NPHC/Panhellenic sponsored program
_____ Campus-Wide Speaker
_____ Other

Attendance: _____ Members attended the program on _____
Date

Fraternity/Sorority Name _____ Date(s) of Program _____
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_____ Other

Attendance: _____ Members attended the program on _____
Date

Verification:

My signature verifies that the above information is true and accurate.

PLEASE NOTE:

- Two educational programs can be listed on each form.
- Forms are due the Monday of Finals Week of the quarter the educational program took place.
- Each participating chapter must submit a form in order for programming to be recorded.
- Submit forms to Erin Huffman in OFSL.

Signature of Chapter Representative

Email

Date