

CHAPTER EDUCATIONAL PROGRAMMING REPORT

Fraternity/Sorority: _____ Chapter Contact Person: _____

Date of Program: _____ Semester: Select One _____ Year: _____

Type of program: choose all that apply

- Alcohol awareness Drug use and abuse Diversity and/or non-discrimination
 Leadership development Hazing awareness/prevention Risk management and/or legal liability
 Chapter management Sexual assault and/or harassment Other

Detailed description of program:

Name of Presenter: _____ Presenter's Phone Number: _____

Number of initiated participants: _____ out of _____ %

Number of new member participants: _____ out of _____ %

Example 15 out of 30 50%

Check which best describes reason for educational program:

- All Member Education
 New Member Education

DO NOT WRITE BELOW THIS LINE

Received on (date) _____ by _____

Authorized Signature: _____ **Date:** _____

1st copy--Fraternity/Sorority President 2nd copy-Programming Chair 3rd copy-Chapter Advisor

