In order to be assessed by Greek Life as part of the Plan for Excellence and to be considered for Greek Awards, complete this form listing your educational programming activities.

**VERIFICATION FORMS MUST BE TURNED IN**

You must submit this verification form with the signature of the presenter as required below.

Groups hosting educational programming events together must fill out separate forms indicating only their own chapter’s participation. Forms shall be due within **15 days** of the program. Forms should be returned to the Student Activities and Leadership Development Office. **Early forms are appreciated.** Late forms will not be accepted for credit or award consideration.

**Chapter:** ____________________________  **Today’s Date:** ____________________________

**Chapter Contact Person:** ____________________________  **Phone Number:** ____________________________

**Date of Program:** ____________  **Semester:** ____________  **Year:** ____________

**Detailed description of program:** __________________________________________

Please check below if the program fulfills one of the programs in the **Greek Life Plan for Excellence.**

- [ ] Alcohol and drug use and abuse
- [ ] Diversity and/or non-discrimination
- [ ] Hazing
- [ ] Risk management and/or legal liability
- [ ] Sexual assault and/or harassment and/or gender communication
- [ ] Other __________________________________________

**Name of Presenter:** __________________________________________

**Presenter’s Phone Number:** __________________________________________

**Signature:** __________________________________________

**Number of initiated participants:** ________ / ________  ________ %

**Number of new member participants:** ________ / ________  ________ %

Check the one which best describes your chapter’s program:  
[ ] Member Education
[ ] New Member Education

**Date received:** ____________  **Received by:** ____________  **Verification:** ____________  

Revised 1/07