



**GREEK LIFE
CALIFORNIA STATE UNIVERSITY, FRESNO**

CHAPTER EDUCATIONAL PROGRAMMING REPORT FORM

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: _____