



GREEK LIFE
CALIFORNIA STATE UNIVERSITY, FRESNO

CHAPTER PRESIDENT MONTHLY REPORT

Chapter Name: _____

Due Date: 1st of the following month

Month/Year: _____

** Please include attendance for both members (new and initiated) and non-members where appropriate by using the designation M for members and NM for non-members**

SCHOLARSHIP ACTIVITIES: study hours, time management seminar, workshop with faculty advisor, awards program, etc.

Date	Event	Sponsoring Organization	Brief Description	Attendance
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EDUCATIONAL PROGRAMMING: career planning, eating disorders, alcohol education, etc.

Date	Event	Sponsoring Organization	Brief Description	Attendance
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NEW MEMBER EDUCATION PROGRAMMING: hazing program, alcohol education, sexual assault, chapter history, etc.

Date	Event	Sponsoring Organization	Brief Description	Attendance
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COMMUNITY SERVICE AND/OR PHILANTHROPY ACTIVITIES:

Date	Event	Sponsoring Organization	Brief Description	Attendance
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SOCIAL PROGRAMMING: please indicate those activities that are substance and/or alcohol free

<u>Date</u>	<u>Event</u>	<u>Sponsoring Organization</u>	<u>Brief Description</u>	<u>Attendance</u>
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MISCELLANEOUS: any activities that could not be categorized including chapter/executive board meetings, alumni events, etc.

<u>Date</u>	<u>Event</u>	<u>Sponsoring Organization</u>	<u>Brief Description</u>	<u>Attendance</u>
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CHAPTER GOAL SETTING: describe at least one chapter goal to be completed next month

<u>Date</u>	<u>Goal</u>	<u>Officer/Committee Responsible</u>	<u>Brief Description</u>	<u>Completion Date</u>
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QUESTIONS AND/OR CONCERNS: use this space for questions/concerns to be discussed during upcoming meetings