



EDUCATIONAL PROGRAM REPORT AND EVALUATION

COMPLETE THIS FORM IN ITS ENTIRETY. PRINT OR TYPE ALL INFORMATION

Name of Fraternity or Sorority: _____
(Do Not Abbreviate or Use Greek Letters)

PROGRAM CATEGORY:

- Alcohol Education
- Improving Faculty Relations: Attach List Of Faculty Members Attending Program
- Anti-Hazing Education
- Diversity
- Sexual Assault & Gender Issues
- Performing Arts

Date of Program: _____ Time: _____ Location: _____

Name of Speaker/ Video: _____

NUMBER OF MEMBERS/NEW MEMBERS/PLEDGES ENROLLED DURING THE SEMESTER IN WHICH THE PROGRAM WAS HELD:

Fall Semester Program : Members: _____ New Members/Pledges: _____ TOTAL: _____

Spring Semester Program: Members: _____ New Members/Pledges: _____ TOTAL: _____

Number of Members/New Members/Pledges Attending Program: _____ Percentage of Chapter: _____

ON THE BACK OF THIS FORM, PROVIDE A LIST OF THE FULL NAMES AND THE STUDENT ID NUMBERS OF THE CHAPTER MEMBERS ATTENDING THIS PROGRAM

Brief Summary or Outline of Program: _____

COMPLETED FORM IS DUE BY THE END OF THE SEMESTER IN WHICH THE PROGRAM OCCURRED

_____ Campus Box Number

_____ Print Name of Person Completing This Form

_____ Telephone Number

_____ Signature

Division of Student Affairs
Office of Student Life
Syracuse University
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