

Program Summary Form

Chapter Accreditation Plan

Chapter/Council Information:

Organization: _____

Name of Officer Submitting Form: _____

Title of Officer Submitting Form: _____

Email Address: _____

Section (check all that apply):

- Community Engagement #_____
- Integrity #_____
- Leadership #_____
- Personal Growth #_____
- Scholarship #_____

For office use only:

Program/Event Information:

Program/Event Title: _____

Program/Event Date & Time: _____

Length of Program/Event: _____

Program/Event Location: _____

Number of Members that Attended Program/Event: _____/_____

Did you Collaborate with Anyone on This Program/Event? (**check one**):

- YES
- NO

If "Yes", who did you collaborate with?

- Interfraternity Council or IFC Chapter(s) _____
- Multicultural Greek Council or MGC Chapter(s) _____
- National Pan-Hellenic Council or NPHC Chapter(s) _____
- Panhellenic Council or PC Chapter(s) _____
- Other FSL Organization(s) _____
- UNF Department(s) or Office(s) _____
- OTHER _____

REMEMBER: You must include supporting documents for program/event; including a copy of the attendance sheet and a copy of the presentation, speaker contract, handouts provided, etc.