

Program Summary Form

Chapter/Council Information:

Organization: _____

Name of Officer Submitting Form: _____

Title of Officer Submitting Form: _____

Email Address: _____

Section (check all that apply):

Submission Date: _____

☐ Community Engagement # _____

☐ Integrity # _____

☐ Leadership # _____

☐ Personal Growth # _____

☐ Scholarship # _____

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.