

# Office of Fraternity & Sorority Affairs

## Chapter Programming Form

### Chapter Information

Fraternity/Sorority Name: \_\_\_\_\_

Chapter Program Coordinator: \_\_\_\_\_

### Program Information:

Audience:  Chapter Members  All Greek  
 Alumni/ae  Parents  
 Other \_\_\_\_\_

Type of Program:  Career Development  Risk Management  
 Health & Wellness  Ritual/Ritual Education  
 Leadership Development  Scholarship  
 Multicultural/Diversity  Service Learning  
 Recruitment  \_\_\_\_\_

Number Attending: \_\_\_\_\_ Program Date: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Co-Sponsoring Chapter: \_\_\_\_\_

Presenter: \_\_\_\_\_

Program Location: \_\_\_\_\_

### Verification:

Please have the program presenter sign this form and include contact information for verification.

Presenter/Facilitator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Presenter/Facilitator Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Return this completed form to OFSA within FIVE business days after the completion of the program**