

SYRACUSE UNIVERSITY

OFFICE OF FRATERNITY AND SORORITY AFFAIRS

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/ Initiates Enrolled During the Semester in Which the Program Was Held:

Fall Semester Program: Member: _____ New Members/Initiate: _____ Total: _____

Spring Semester Program: Member: _____ New Members/Initiate: _____ Total: _____

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

**ON THE BACK OF THIS FORM, PROVIDE A LIST OF THE FULL NAMES AND THE STUDENTS 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: _____

Name: _____

Telephone Number: _____

Signature: _____