**Educational Programming Form**

**Valdosta State University Greek Life**

Information on educational programming will be collected annually and compiled near the end of each year in an effort to show the significant impact that VSU fraternities and sororities have on the development of their members. By collecting this data, the Greek Life office is able to track the number of and types of programs that individual chapters and the fraternal community as a whole are providing. Each Chapter is expected to complete a total of 4 educational program per calendar year.

**Chapter Information**

**Fraternity/Sorority Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Co-Sponsor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Information**

**Audience**: 􀂆 New Members 􀂆 Active Members 􀂆 Both

**Type of Program**: 􀂆 Leadership Development 􀂆 Multicultural / Diversity

􀂆 Scholarship / Academics 􀂆 Sexual Assault / Safety

􀂆 Health & Wellness 􀂆 Financial Management

􀂆 Risk Management / Hazing / Alcohol Education

􀂆 Professional / Career Development

􀂆 Other

**Is this program mandated by your (inter)national office?** 􀂆 Yes 􀂆 No

**Is attendance at this program required by a judicial sanction?** 􀂆 Yes 􀂆 No

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

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

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

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**Presenter**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Program Location**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VERIFICATION**

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

Chapter President Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Presenter/Facilitator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email/Phone of program presenter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*Please type all information and return all completed forms to the Greek Life Office on the Third Floor of the Student Union.

\*\*\* Updated 12/05/11