Educational Programming Form
Clemson University Fraternity & Sorority 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 Clemson University fraternities and sororities have on the development of their members. By collecting this data, the Fraternity and Sorority 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.

Chapter Information

Fraternity/Sorority Name: __________________________  Contact Person: __________________________

Program Information

<table>
<thead>
<tr>
<th>Audience</th>
<th>New Members</th>
<th>Active Members</th>
<th>Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Program</td>
<td>Leadership Development</td>
<td>Multicultural / Diversity</td>
<td></td>
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<tr>
<td></td>
<td>Scholarship / Academics</td>
<td>Sexual Assault / Safety</td>
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<td></td>
<td>Health &amp; Wellness</td>
<td>Financial Management</td>
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<td>Risk Management / Hazing / Alcohol Education</td>
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<td>Professional / Career Development</td>
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<tr>
<td>Other</td>
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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: _______________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

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: _________________________________________________________________________

Then return this completed form within FIVE business days after the completion of the project to:
Office of Fraternity & Sorority Life
602 University Union  phone: 864-656-5830
Clemson, SC 29634  FAX:  864-656-1200

For Office Use Only  Date Received: _________  Received by: ___________