

FRATERNITY/SORORITY MONTHLY REPORT

(Submit to Office of Fraternities and Sororities (308 SUB) or by e-mail to Michael)

CHAPTER: _____

DATE: _____ (due by fifth business day of following month)

SUBMITTED BY: _____

MEMBERSHIP RECRUITMENT/INTAKE:

OF ACTIVITIES: _____

AVE # OF PARTICIPANTS: _____ **# OF INVITATIONS ISSUED/ACCEPTED:** _____

BRIEF DESCRIPTION OF ACTIVITIES:

NEW MEMBERSHIP DEVELOPMENT:

OF ACTIVITIES: _____ **# OF WEEKS LEFT IN PROGRAM:** _____

PROVIDE A BRIEF DESCRIPTION OF ACTIVITIES, INTERACTION BETWEEN NEW MEMBERS AND ACTIVES, ETC.

PHILANTHROPIC/COMMUNITY/CAMPUS SERVICE ACTIVITIES:

OF HOURS COMPILED: _____ **\$\$ RAISED (IF APPLICABLE)** _____

OF MEMBERS PARTICIPATING: _____

BRIEF DESCRIPTION OF ACTIVITIES; AGENCIES INVOLVED:

FUTURE ACTIVITIES PLANNED:

CHAPTER PROGRAMMING:

- | | |
|---|--|
| <input type="checkbox"/> CAREER DEVELOPMENT | <input type="checkbox"/> HUMAN RELATIONS |
| <input type="checkbox"/> HEALTH EDUCATION | <input type="checkbox"/> ACADEMIC SKILLS/SCHOLASTICS |
| <input type="checkbox"/> GENDER ISSUES | <input type="checkbox"/> SOCIAL ISSUES |
| <input type="checkbox"/> CURRENT EVENTS | <input type="checkbox"/> GUEST SPEAKER |
| <input type="checkbox"/> PERSONAL SAFETY | <input type="checkbox"/> LEADERSHIP DEVELOPMENT |
| <input type="checkbox"/> GREEK ISSUES | <input type="checkbox"/> OTHER |

BRIEF DESCRIPTION OF ACTIVITIES (WHO PRESENTED, ATTENDANCE NUMBERS, ETC.):

**ACTIVITIES/INTERGREEK EVENTS
(EXCHANGES, FORMALS, JOINT PROGRAMMING, ETC.):**

RISK MANAGEMENT/HOUSE MANAGEMENT

- | | |
|--|--|
| <input type="checkbox"/> FIRE SYSTEM ACTIVE | <input type="checkbox"/> FIRE EXTINGUISHERS FULL |
| <input type="checkbox"/> EXTERIOR/FIRE DOORS | <input type="checkbox"/> WINDOWS/SCREENS |
| <input type="checkbox"/> EMERGENCY LIGHTS/EXITS | <input type="checkbox"/> PREPARATIONS FOR INSPECTIONS |
| <input type="checkbox"/> SOCIAL POLICY REVIEWED | <input type="checkbox"/> HAZING POLICY REVIEWED |
| <input type="checkbox"/> SEXUAL/PHYSICAL ASSAULT | <input type="checkbox"/> INTERACTION WITH AMHERST POLICE |

BRIEFLY DESCRIBE EFFORTS AND CONCERNS:

UPCOMING EVENTS:

- | | |
|---|---|
| <input type="checkbox"/> ELECTIONS | <input type="checkbox"/> CHAPTER RETREAT |
| <input type="checkbox"/> INITIATION | <input type="checkbox"/> CONSULTANT VISIT |
| <input type="checkbox"/> PHILANTHROPIC | <input type="checkbox"/> CHAPTER FORMAL |
| <input type="checkbox"/> ALUMNI EVENT | <input type="checkbox"/> CAMPUS EVENT |
| <input type="checkbox"/> NEW MEMBER EVENT | <input type="checkbox"/> REGIONAL/NATIONAL CONFERENCE |
| <input type="checkbox"/> OTHER | |

NEW OFFICERS (OR CHANGES):

OTHER CONCERNS:

(Office use only)

ADVISOR STAFF FILES

