

UMassAmherst

Office of Fraternities and Sororities
Campus Activities
308 Student Union Building

PROGRAM VERIFICATION REPORT FORM

Chapter: _____

Date of Program: _____ Location: _____

Type of program:

- | | |
|--|--|
| <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/TOPIC _____ |
| <input type="checkbox"/> PERSONAL SAFETY | <input type="checkbox"/> LEADERSHIP DEVELOPMENT |
| <input type="checkbox"/> FRATERNITY/SORORITY | <input type="checkbox"/> ALCOHOL/SUBSTANCE |
| <input type="checkbox"/> COMMUNITY DEVELOPMENT ACTIVITY: _____ | |
| <input type="checkbox"/> OTHER: _____ | |

Goal and brief description of the program:

Presenter(s): _____

Agency: _____

Number in Attendance: _____

Other participants in the program? _____

Program Verification: The above program did occur as indicated by the information provided above.

Signature

Title/Agency

E-mail

Local Telephone

This form must be submitted to the Office of Fraternities and Sororities within 5 business days of the program date.