

# 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.**