

# Program Summary Form Chapter Accreditation Plan

## Chapter/Council Information:

Organization: \_\_\_\_\_

Name of Officer Submitting Form: \_\_\_\_\_

Title of Officer Submitting Form: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Section (check all that apply):

- CommunityEngagemen# \_\_\_\_\_
- Integrity # \_\_\_\_\_
- Leadership# \_\_\_\_\_
- PersonaGrowth # \_\_\_\_\_
- Scholarship# \_\_\_\_\_

For office use only:

## Program/Event Information:

Program/Event Title: \_\_\_\_\_

Program/Event Date & Time: \_\_\_\_\_

Length of Program/Event: \_\_\_\_\_

Program/Event Location: \_\_\_\_\_

Number of Members that Attended Program/Event: \_\_\_\_\_ / \_\_\_\_\_

Did you Collaborate with Anyone on This Program/Event (check one):

- YES
- NO

- InterfraternityCouncil or IFC Chapter(s) \_\_\_\_\_
- Multicultural GreekCouncil or MGC Chapter(s) \_\_\_\_\_
- NationalPanHellenic Council or NPHC Chapter(s) \_\_\_\_\_
- PanhellenicCouncil or PC Chapter(s) \_\_\_\_\_
- OtherFSL Organization(s) \_\_\_\_\_
- UNF

\_\_\_\_\_