Greek Life

Programming Data Sheet

Chapter(s): _____ Title of Program: _____

Program Planner: _____ Presenter: _____

Time/Date of Program: _____ Presenter's Phone: _____

Location of Program: _____ Presenter's E-mail: _____

Purpose of Program (check all that apply):

☐ (Inter)National Requirement ☐ Disciplinary ☐ Chapter Needs ☐ Alumni Relations

☐ Community Service ☐ Philanthropy ☐ Leadership Development ☐ Social

Presented by (check one):

☐ Chapter Executive Board ☐ Chapter Member ☐ Faculty ☐ EIU Staff

☐ (Inter)National Staff ☐ Housing Staff ☐ Other: _____

Attendance:

New/Assoc. Member

Initiated Members

Other Greeks

Non-Members

Description of Program: _____

_____

_____

_____

_____

Program Evaluation:

Would you repeat this program? ☐ Yes ☐ No

Would you recommend this program to the entire Greek community? ☐ Yes ☐ No

May the Greek Life Office contact this presenter to present at Greek Leadership Conference or other programs? ☐ Yes ☐ No

If this was a philanthropic event, how much money was raised? _____

If this was a community service event, complete the following section:

Total number of participants _____ X # of hours worked _____ = Total # of hours _____

Give a brief evaluation describing positive feedback you received, unexpected challenges you encountered, and things you would do differently:

_____

_____

_____

_____

_____

***Form is due at the following IFC, PHC or NPHC meeting.**

Clear Form