Minimum Standards Program Report

Please attach a Chapter Attendance sheet from the Program

Fraternity/Sorority: _____

Program Topic: _____

Date of Program: _____ Attendance: _____

Who presented the Program? _____

Is this person a member of your chapter? Yes No

If not, what company or agency is the person with? _____

Does your National Headquarters require this program? Yes No

Member in charge of Program: _____

Location of Program: _____

Brief Description of the Program:

_____

Chapter President Signature Date

_____

Chapter Advisor Signature Date

Please turn this form into the Colvard Student Union Greek Life Graduate Assistant within 7 working days of the completion of the program. Thank you!