

# 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