STUDENT CLUBS & ORGANIZATIONS TERM REPORT

Information provided on this report should be current as of the last day of classes for the term. This completed report will be used by Student Council to recognize your group for its accomplishments, to assess organization needs, and to determine areas for improvements. This form must be completed, signed by your organization's advisor, and turned in to Beckie Snyder, room 198, JEK Building. Failure to do this may result in the loss of Student Council funds, advisor stipends, and club status.

Club/Organization Na	me:					Te	rm	
MEETINGS								
Meeting Place:				Day:		Ti	me:	
Meeting Place:				Day		Tiı	me:	
Meeting Place:				Day			Time:	
MEMBERSHIP								
Active Members:	ctive Members: Average Meeting Attendance:							
MEMBERSHIP BREAKDOWN:								
	American Indian	Asian	Black	Hispanic	White	Alien non- resident	Multi- Racial	
Background:								
ı								
	Female	Male						
Sex:								

ACTIVITIES

Using the following codes, please list any events, programs or projects that your organization participated in during the term.

PP = Program Promotion

SS = School Service

CS = Community ServiceFR = Fundraiser

TYPE	DATE	MEMBERS PRESENT	OTHERS IN ATTENDANCE	DESCRIPTION

Please attach additional sheets if necessary

UPCOMING ACTIVITIES

DATE & TIME	LOCATION	DESCRIPTION OF EVENT	CONTACT PERSON, E- MAIL/ PHONE NUMBER

GENERAL INFORMATION
Please list any goals or plans your organization has for the upcoming term.
Evaluate this term's goals. Did your organization accomplish them? Please explain.
How can Student Council help you to meet your goals or better meet the needs of your organization?
Please use this space to let us know about your organizations recent accomplishments, to inform us of issues not covered in this report, or to offer other suggestions.
Please list any changes in your officers for the upcoming term.

Advisor's Signature:

Submitted by:

ORGANIZATION NAME:

Member Name	Email/Phone
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19.	
20.	

For more names, please attach additional pages as necessary.

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