

STUDENT ORGANIZATION SUMMARY REPORT

Organization: _____

Term: Fall Spring

Year: _____

SERVICE PROJECTS:

List all service projects, which your organization sponsored or participated in over the past term. Use the reverse side if additional space is needed.

Project & Organization	\$ Raised	# People Involved/Hours
1. _____		
2. _____		
3. _____		

FUNDRAISERS:

List all fundraisers held throughout the term. Use the reverse side if additional space is needed.

Fundraiser	Date	Amount Raised
1. _____		
2. _____		
3. _____		

SOCIAL & EDUCATIONAL EVENTS:

List major social and educational activities sponsored by your organization throughout the term

1. _____
2. _____
3. _____

Signature of Organization President / Date

Signature of Advisor / Date

This form must be completed by the last day of each semester and returned to the Student Life Office.

STUDENT ORGANIZATION REVIEW

ACADEMIC YEAR: _____

Organization: _____

Membership Counts:

Start of fall semester: _____

End of fall semester: _____

Start of spring semester: _____

End of spring semester: _____

Special activities/programs held for organization members only:

Special activities/programs held for the campus community:

Additional comments about the organization this academic year:

This form must be completed by the last day of each semester and returned to the Student Life Office.

FALL PREVIEW

Organization: _____

Year: _____

Has the organization held elections for the fall semester? Yes No

If yes, please list officers:

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

Other: _____

Will your organization be making any updates or changes to its current constitution?

All changes must be submitted to SGA. Yes No

Will your organization be changing its advisor before the fall semester? Yes No

All advisors must be members of the Pitt-Titusville faculty or staff.

Are there any special events your organization is planning for the fall that the University should be aware of or events that will require University funds early in the semester. If so, please list.

Are there any concerns from your organization about the functions of the organization, the way the University operates or oversees organizations, or other concerns? If so, please list.

**This form must be completed by the last day of the Spring Semester
and returned to the Student Life Office.**