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.

<table>
<thead>
<tr>
<th>Project &amp; Organization</th>
<th>$ Raised</th>
<th># People Involved/Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
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<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Fundraiser</th>
<th>Date</th>
<th>Amount Raised</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
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<td>3.</td>
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</tbody>
</table>

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 Office of Student Activities.
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 Office of Student Activities.
FALL PREVIEW

Organization: __________________________________________________________

Term:    Fall  Spring       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? Yes  No
All changes must be submitted to SGA.

Will your organization be changing its advisor before the fall semester? Yes  No
All advisors must be members of the UPT 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 Office of Student Activities.