



UNIVERSITY OF CENTRAL FLORIDA

Fraternity and Sorority Life

4100 Greek Park Drive
Orlando, FL. 32816

Monthly Report

Organization Name:

Please complete the document, filling in the appropriate areas with accurate information of what your chapter has completed in the past month.

1. Academics

Name of Program/Event	Date of Program Event	Brief Description

2. Community Service

Service Event/Program	Date of Program Event	Number of Participating Members	Total Number of Hours Served

3. Philanthropy

Name of Program/Event	Date of Program Event	Brief Description	Number of Participating Members	Total Money Raised

4. Leadership Development

Name of Program/Event	Date of Program Event	Brief Description

5. Risk Prevention

Name of Program/Event	Date of Program Event	Brief Description

6. Brotherhood/Sisterhood/Social

Name of Program/Event	Date of Program Event	Brief Description

7. Additional Upcoming Events/Highlights