

STUDENT ORGANIZATION ANNUAL REPORT FORM

Failure to submit this form to the Office of Student Life HSC, by the last day April will result in the sanctioning of your club for the following academic year.

Name of Organization _____ Date Submitted _____

Submitted by _____ Title _____

Faculty Advisor: _____ Title _____

Mission Statement attached _____ Yes _____ No _____ If no reason not attached _____

List of Conferences Attended _____

Profile of Membership:

_____ Number of new members registered

_____ Average attendance at Business Meetings _____ Average attendance at program/events

Titles of Interdisciplinary Events/Programs _____

Summary of Objectives and Accomplishments _____

Recommendations for the Future _____

(Student organization annual report form continued)

Officers for the following Academic Year:

First Name	Last Name	Enrolled in COM, Health Services, Nursing or Graduate Studies	Office	E-mail

President of Organization

Date

Advisor of Organization

Date