



Student Organization Semester Activity Report

Name of Organization: _____ Fall Spring 20____

President: _____ Advisor: _____

Total number of active members: _____

Date of Meeting	Attendance at Meeting

Progress made on Goals and Objectives

Goal	Description of Progress
1.	
2.	
3.	
4.	
5.	
6.	

Officers for Next Semester

Officer	Name	Address	Phone	E-mail
Advisor				

We certify that the information we have provided on this form is complete and accurate.

Signature _____ Date _____
President/Primary Officer

Signature _____ Date _____
Primary Advisor

(Office Use Only)

Signature _____ Date Received _____
Director of Student Activities