

# Millikin University Greek Life Program Documentation Form

Office of Campus Life  
 354 University Commons  
 217.424.6395

Chapter Name: \_\_\_\_\_

Program Officer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Title of Event	
Collaborators (if any)	
Speakers (if any)	
Event Date (mm/dd/yyyy)	
Start Time – End Time	
Building & Room	
Total Attendance (& # chapter members)	

***Please attach a description of your event on a separate sheet. Without this description, your event will not be tracked or approved.***

For Student Affairs Use Only	
Date Received	
Staff Member Reviewing	
Staff Member Signature	
Circle one: Approved Not Approved	If not approved, why not?