
**MILLIKIN UNIVERSITY
GREEK LIFE
PROGRAM DOCUMENTATION FORM**

Fraternity/Sorority: _____

Program Officer Name: _____

Phone: _____

Additional Officer: _____

Phone: _____

Name/Title of Event: _____

Date of Event: _____ / _____ / _____

Time of Event Start Time _____ am / pm

End Time _____ am / pm

Event Room: _____

Building: _____

Number of Chapter Members in attendance: _____

Total attendance: _____

Name(s) of speakers (if applicable):

Description of Event (you may also attach a typed description on a separate sheet):

FOR OFFICE USE ONLY:

Date Received: _____ / _____ / _____

APPROVED

NOT APPROVED

Signature OSP: _____

Date: _____