

UNC-PEMBROKE
The Chancellor's Cup Competition:
Fraternity and Sorority Edition
Points Form

Please put a check next to the segment your program fulfills:

Academics _____	All Greek Council _____
Greek Life Programming _____	Educational Programming _____
Updating Chapter Information _____	Faculty/Staff Advisor _____
Chapter Advisor/Alumni/Grad Chapter _____	One-on-One Meetings _____
Community Service _____	Philanthropic Commitment _____
Campus Leadership and Involvement _____	School Spirit _____

This form is to be completed by the Chapter President and/or designee and submitted no later than 7 business days after a program is completed. The Director of Greek Life will approve any exceptions.

Chapter: _____

Date of Program/Event: _____ Location of Program/Event: _____

Title of Program/Event: _____

Presenter/Facilitator (if applicable): _____

Co-Sponsor (name, if applicable): _____

of People attended: _____ # of Total chapter members _____

of Chapter members attended: _____ % of chapter attended _____

(please list names of members who attended on back)

Chapter Advisor Attended ____Yes____No

Faculty/Staff Advisor Attended ____Yes____No

What were the goals of this program?

How effectively did this program meet these goals?

What could have been better about this program?

On a scale of 1 to 10, how would you rate this program?

LOW 1 2 3 4 5 6 7 8 9 10 HIGH