



**Alumni Relations:** What does your chapter do during the semester to promote and maintain alumni relations?

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**Risk Management:** What type of programming do you provide members of your chapter (attach additional sheet, if necessary)?

1. Type of Programming: \_\_\_\_\_  
Speaker Name (if applicable): \_\_\_\_\_  
Purpose of Programming: \_\_\_\_\_  
What did the program include? \_\_\_\_\_
  
2. Type of Programming: \_\_\_\_\_  
Speaker Name (if applicable): \_\_\_\_\_  
Purpose of Programming: \_\_\_\_\_  
What did the program include? \_\_\_\_\_

**Chapter Awards**

- Has your chapter won any awards from your inter/national organization? \_\_\_\_\_
- If yes, please indicate the award(s) won with brief description(s) of the award(s):

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**Alumni/Alumnae Advisors:** Please list the names and contact information for your chapter advisors (on and off-campus):

Name	Phone Number	Email Address

How involved were your alumni/alumnae advisors with your chapter this past semester? (circle one)

VERY INVOLVED      INVOLVED      MINIMALLY INVOLVED      NOT INVOLVED

**General Overview**

Please provide/attach a brief narrative outlining the general successes and shortcoming of your chapter in the past semester. Indicate strategies for improvement for the coming semester.