



**OFFICE OF CAMPUS INVOLVEMENT**  
**Educational Program Verification Sheet**

**Date:** \_\_\_\_\_

**Fraternity/Sorority:** \_\_\_\_\_

**Program Title:** \_\_\_\_\_

Facilitator Contact: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

**Number of members in attendance:** \_\_\_\_\_

**Briefly describe service provided:**

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\_\_\_\_\_  
Signature of Programming Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Program Facilitator

\_\_\_\_\_  
Date