

XAVIER UNIVERSITY OF LOUISIANA
Office of Campus
Activities/Program Evaluations

Academic Semester: _____

Organization _____ Chapter _____

List organization activities/programs

Campus Events	Community Service Events	Fundraising Events

List goals achieved

Describe any difficulties, problems, or unusual circumstances encountered.

Submitted by: _____ Date: _____

President: _____ Date: _____

Advisor: _____ Date: _____

XAVIER UNIVERSITY OF LOUISIANA
Office of Campus Activities
Officers Registration

Academic Year: _____

Organization _____ **Chapter** _____

Organization Email _____

President _____ Cell Phone _____

XULA email _____ alternate email _____

Vice President _____ Cell Phone _____

XULA email _____ alternate email _____

Secretary _____ Cell Phone _____

XULA email _____ alternate email _____

Treasurer _____ Cell Phone _____

XULA email _____ alternate email _____

Primary Advisor _____

Phone _____ Email _____

Secondary Advisor _____

Phone _____ Email _____

I certify that the above officers were elected in accordance with our Constitution and the University Regulations and registered with the Office of Student Services in accordance with I.O.C. and University Regulations.

Secretary _____ Date _____

Advisor _____ Date _____

XAVIER UNIVERSITY OF LOUISIANA
Office of Campus Activities
Community Service Report

Academic Semester: _____

Organization _____ Date _____

Please comment on goal of activity, outcomes expected/achieved, problems encountered etc.

1. Agency _____
Date of Activity _____ Number of hours spent in direct service _____

2. Agency _____
Date of Activity _____ Number of hours spent in direct service _____

3. Agency _____
Date of Activity _____ Number of hours spent in direct service _____

I hereby certify that the above information is correct to the best of my knowledge. I understand that any falsifications of the document will result in automatic disqualification and ineligibility for Student Government Allotments Services to this organization and any Student Service Awards, University Awards and/or other recognition relating to service for the next determined academic term.

Submitted by _____ Date _____

President _____ Date _____

Advisor _____ Date _____

XAVIER UNIVERSITY OF LOUISIANA
Office of Campus Activities
Financial Report

Organization _____ Chapter _____

PLEASE ATTACH A COPY OF YOUR MOST RECENT BANK STATEMENT

Revenues

Due Collected	\$ _____
_____	\$ _____
_____	\$ _____
Other _____	\$ _____

TOTAL REVENUES \$ _____

Expenditures

Memberships	\$ _____
Projects	\$ _____
Donations	\$ _____
Supplies	\$ _____
Postage/Telephone	\$ _____
Rental Fees	\$ _____
Social /Activities	\$ _____

TOTAL EXPENDITURES \$ _____
PROFITS \$ _____

Please list contact person(s) on the Account:

Name: _____	Name: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

I certify that the above Financial Report is complete and accurate. Organization packet is incomplete unless copy of Financial Document is attached.

Treasurer _____ Date _____

Advisor _____ Date _____

XAVIER UNIVERSITY OF LOUISIANA
Office of Campus Activities
Organization Member Roster

Organization _____ Chapter _____

Name	Student Number	Active (Y/N)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		

Secretary _____ Date _____

President _____ Date _____

Advisor _____ Date _____

XAVIER UNIVERSITY OF LOUISIANA
Office of Campus Activities
Organization Proposed Semester Activities

Academic Semester: _____

Community Service Activities

Date	Time	Location	Activity

Social Activities

Date	Time	Location	Activity

Fund Raising Activities

Date	Time	Location	Activity

General Activities

Date	Time	Location	Activity

