

**Prairie View A&M University
Department of Student Activities & Leadership
Prairie View, Texas 77446**

End-of-the-Year Chapter Report*

Organization Name:						
Chapter Name:						
Current Membership:			Organizational Category:			
Organization Purpose:						
Membership Eligibility Criteria:						
Membership Intake Process Program: (If applicable, Academic Year: _____)						
# of members initiated:		Fall:		Spring:		
Organization's Contribution(s) to University: (Value added to university. Be specific)						
Contact Information:						
		Name	Local Phone	Email address		
President:						
Advisor:						
National Office (if applicable):						
Address:						
City, State, Zip:						
Website:			Email address:			

* Attach Chapter Program Report(s)