

**The Greek Chapters Accreditation Program
Basic Documentation**

Greek Organization: _____.

President's Name: _____.

President's Contact Information:

Phone Number: _____ Email Address: _____.

Campus Box Number: _____.

Signature: _____.

By signing this document I agree that all the information represented here is, to the best of my knowledge, **complete and accurate**.

Accreditation Categories

Please complete the information where indicated and attach any additional documentation. All attachments should be clearly labeled with the Accreditation Category to which it applies and should be in order of the Accreditation Categories. If any of your events count toward multiple Accreditation Categories, please indicate that in each applicable section.

Please Note: *documentation for the Accreditation requires you to maintain evidence of requirement completion throughout the course of the year as they occur. Failure to plan ahead and organize your documentation as events occur will be no excuse if your chapter does not meet minimum requirements.*

Academic Achievement

- Chapter Cumulative GPA: _____.
- Name of Academic Chair: _____.
- Attach copy of your academic program

Alumni/ae Relations

- Name of Alumni Relations Chair: _____.
- Attach copy or copies of your alumni newsletter(s)

If Applicable:

- In the space below briefly describe and include any relevant communication or advertisement for your alumni event (list format is acceptable)

- Name of Alumni Representative: _____.
- Has your chapter completed the requirements of meetings with your Alumni Representative? Please check one: Yes _____ No _____

Social Responsibility

- Indicate the number of alcohol violations your chapter has been found responsible or has accepted responsibility for: _____.
- Indicate the number of risk management violations your chapter has been found responsible or has accepted responsibility for: _____.

If Applicable:

- Briefly describe your alcohol-free social event(s) including dates and how successful you felt the event was:

Campus Interaction

- To the best of your knowledge, have all your members attended a school-sponsored event minimally once a term? Please check one:

Yes ____ No ____

- What percentage of members actively participate in at least one other club, sport, or organization on campus?:_____.

If Applicable:

- Briefly describe the campus-wide event you sponsored or co-sponsored and how successful you think the event was:

- Was this event co-sponsored or sponsored?_____

Community Service and Philanthropy

- To the best of your knowledge, do your members independently participate in volunteer hours throughout the academic year? Yes___ No_____
- Attach a description of and include any relevant communication or advertisement for each of your philanthropic events. List and number all events here:

- Attach evidence of your contributions (monetary or otherwise) to established charity organizations. If you do not have evidence, such as a receipt or certificate of donation, please explain what was donated:

All-Greek Involvement

- Name of IFC, Panhellenic, or MGC Representative: _____.
- To the best of your knowledge have your members attended and participated in Greek community events? Please check one: Yes___ No_____
- Indicate percentage of members in attendance at Greek community events: _____.

If Applicable:

- Name of Greek Week Committee Representative: _____.

Leadership Development

- Did your chapter leaders attend all mandatory Greek Leadership Development Functions required by the Office of Greek Affairs or your governing council this year?
Yes___ No_____

If Applicable:

- Did members of your chapter participate in a National Greek Leadership Conference or an alternative Leadership conference? Yes___ No_____
- If yes, please name the conference: _____

- Did your chapter host a Leadership Development Session for your members this year?
Yes____ No____
- If yes, please briefly describe the session:

Fiscal Responsibility

- Has your chapter met all its financial responsibilities by stated deadlines?
Yes____ No____
- Has your chapter adhered to all Greek Affairs financial policies?
Yes____ No____

If Applicable:

- Has your chapter maintained a positive balance in the Chapter’s general operating account? Yes____ No____
- Has your chapter actively engaged in fundraising efforts to increase your operating funds and house renovation account? Yes____ No____
 - If Yes, please explain your method of fundraising and how successful you were in your fundraising efforts:

Please consult with the Greek Chapters Accreditation Program Requirements and assess your standing based on the point system for Bronze, Silver, and Gold level status. Only count the highest level achieved for each section of the Accreditation Program. For example, if you achieved Silver Level status for Fiscal Responsibility, you would count that as one Silver Level accomplishment, not a Bronze and a Silver:

Number of Bronze Level Accomplishments: _____
 Number of Silver Level Accomplishments: _____
 Number of Gold Level Accomplishments: _____