UNIVERSITY OF CENTRAL FLORIDA
FRATERNITY AND SORORITY LIFE
Student Union 154 407-823-2072 FAX 407-823-2929
Forms available online: www.greeklife.sdes.ucf.edu

DATE STAMP HERE

Diversity Program Verification Form

Submit all forms with your chapter's Standards of Excellence packet in December.

In order to receive credit for your community service activity, 75% of your chapter has to be present. Please attach program sign in sheet of members attending or confirmed members attending from agency.

Greek Organization: _____

Diversity Organization/ Agency Presenting: _____

Organization Contact: _____ Phone: _____

Email: _____

Diversity Program Event: _____

Date: _____ Begin Time: _____ End Time: _____

 # Hours Attended: _____ # of Members Attending:_____

Description of diversity program attended:

Name of Chapter President: (print)	**Signature:**	**Date:**
Name of Chapter Advisor: (print)	**Signature:**	**Date:**