

CHICAGO STATE UNIVERSITY

Student Activities Center (SAC)
Division of Student Affairs

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Monthly Report Submission

Month: _____
Year: _____

Student
Organization: _____

How many events or meetings did you have this past month? _____ Print out more sheets if needed.

Event
Name: _____

Date: _____ Time: _____

Location: _____

Description of event: _____

Event Type _____ How many members attended? _____ How many guests
attended? _____

Advisor's signature: _____
Date: _____

Event
Name: _____

Date: _____ Time: _____

Location: _____

Description of event: _____

How many members attended? _____ How many guests attended? _____

Advisor's signature: _____

Date: _____

Were there any events cancelled? _____ If so, how many and for what reason:
