Mid Year Report – Aug /Sept/Oct/Nov/Dec

Organization Name: _____________________________        Date: ________________

A.) Events

Event Name: ____________________________________
Purpose/Objective:
Goal Achieved? Yes/No and how?
Description of Event:

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B.) Leadership/Membership

Leadership/Membership changes-please state if officers changed, you gained new members, etc
C.) Organizational Goals

**Organizational Goals** - Please state how you have achieved these goals, how you plan to achieve them, or if failed what was learned from failing to reach goal.

1.
2.
3.

D.) Fundraising Events

**Fundraising**
What if any fundraisers were held? Include a description, amount targeted/raised, and if goal was achieved.

Fundraiser 1:
Fundraiser 2:
Fundraiser 3:

E.) Additional Initiatives

Community Service Events:

Collaborations with other organizations:

F.) Student Activities

**Student Activities**
Please let us know any changes you’d like to see concerning our department. This includes things we’ve done well, things we could do better, programs you’ve enjoyed, any specific requests you have, etc.

President Signature:___________________  Advisor Signature:___________________