



# THE COLLEGE OF ST. CATHERINE

## Chartered Club/Organization End of Semester Report *THIS FORM DUE ONE-WEEK PRIOR TO FINALS WEEK*

Semester: \_\_\_\_\_ Fall \_\_\_\_\_ Winter      Academic Year: \_\_\_\_\_

### Contact Information

Organization: \_\_\_\_\_

Name of Person Completing Form: \_\_\_\_\_

President/Chair/Director: \_\_\_\_\_

Advisor: \_\_\_\_\_

#### ▪ Meetings

Please approximate the following:

Number of organizational meetings: \_\_\_\_\_

Number of executive meetings: \_\_\_\_\_

▪ Do you have a regular meeting time/location?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

▪ If so, please indicate when and where: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### ▪ Organization

Please note any changes in executive positions (e.g. president, treasurer, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Continue on Next Page**

- How many student belong to your organization? \_\_\_\_\_
- What is the CSC/UST ratio (if applicable)? \_\_\_\_\_

Please describe attendance at meetings, club-sponsored events, and support of service projects/fundraisers: \_\_\_\_\_

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Describe organization's activities, service/learning projects and/or fundraising events below (please use an additional sheet if necessary): \_\_\_\_\_

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- What balance does your treasurer have on record for your account? \_\_\_\_\_

The Student Center and Activities offices wishes to be of as much help to your organization as possible. Please take a few moments to reflect on how the Assistant Director might help foster the success of your group: \_\_\_\_\_

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**Please return to the Student Center and Activities Office, Coeur de Catherine 270  
THIS FORM DUE ONE-WEEK PRIOR TO FINALS WEEK**