



Student Activities

LSUS STUDENT ORGANIZATION ANNUAL REPORT

STUDENT ACTIVITIES UNIVERSITY CENTER SECOND FLOOR ONE UNIVERSITY PLACE – SHREVEPORT, LA 71115

TELEPHONE: 318-797-5393 FAX: 318-798-4103 WEBSITE: WWW.LSUS.EDU/STUDENTACTIVITIES

All information must be typed or printed neatly in black ink to be completed and turned in to Student Activities in the University Center Office (UC 232) by FRIDAY, April 7th, 2017 by 4:30 pm.

The Annual Report will be used to determine the Student Organization of the Year, Outstanding New Organization and Outstanding Growth of a Student Organization of the Year.

ORGANIZATION NAME: \_\_\_\_\_

OFFICERS

President:

Vice President:

Secretary:

Treasurer:

SOC Delegate:

Advisor:

MEMBERS

(List or attach a typed list with contact information)

NAME

- 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

**PURPOSE OF ORGANIZATION:**

*In the following categories (Campus/University Events, Community Service, and Participation in University Events), list the project and activity engaged in. Also, remember to include the number of members involved, hours contributed, and accomplishments.*

**CAMPUS/UNIVERSITY EVENTS**

| <b>Project/Activity</b> | <b>Number of Members Involved</b> | <b>Hours</b> | <b>Accomplishments</b> |
|-------------------------|-----------------------------------|--------------|------------------------|
| 1.                      |                                   |              |                        |
| 2.                      |                                   |              |                        |
| 3.                      |                                   |              |                        |
| 4.                      |                                   |              |                        |
| 5.                      |                                   |              |                        |

**COMMUNITY SERVICE**

| <b>Project/Activity</b> | <b>Number of Members Involved</b> | <b>Hours</b> | <b>Accomplishments</b> |
|-------------------------|-----------------------------------|--------------|------------------------|
| 1                       |                                   |              |                        |
| 2.                      |                                   |              |                        |
| 3.                      |                                   |              |                        |
| 4.                      |                                   |              |                        |
| 5.                      |                                   |              |                        |

**PARTICIPATION IN UNIVERSITY EVENTS**

| <b>Project/Activity</b> | <b>Number of Members Involved</b> | <b>Hours</b> | <b>Accomplishments</b> |
|-------------------------|-----------------------------------|--------------|------------------------|
| 1.                      |                                   |              |                        |
| 2.                      |                                   |              |                        |
| 3.                      |                                   |              |                        |

**Please list the organization's most significant activities throughout the year and how they have impacted organization members, the campus or the local community:**

**Describe how the organization has utilized your advisor (be very specific).**

**How many general membership meetings has the organization conducted during the 2016-17 academic year?**

**Please describe any new activities or initiatives implemented by the organization this year:**

\_\_\_\_\_  
President

\_\_\_\_\_  
Advisor

*Please note that attendance at SOC monthly meetings will also be a factor in determining award recipients.*

***THESE FORMS MUST BE RETURNED TO STUDENT ACTIVITIES IN THE UNIVERSITY CENTER, UC 232, OR EMAILED TO [ANGEL.MARTIN@LSUS.EDU](mailto:ANGEL.MARTIN@LSUS.EDU) NO LATER THAN FRIDAY, APRIL 7<sup>th</sup>, 2017 BY 4:30 PM.***

**If more space is needed – use attachments**