

Colorado State University Fraternity/Sorority Assessment Checklist

Name of Chapter _____ Date _____

Chapter's Cum GPA: _____ Chapter's Rank: _____

Chapter Advisor _____ Phone Number _____

Address _____ Email _____

University Advisor _____ Phone Number _____

Address _____ Email _____

Executive Officer information updated with Greek Life Office? _____ YES _____ Date

Chapter Rosters (membership) updated with Greek Life Office? _____ YES _____ Date

Student Org. Registration Completed? MGC/NPHC:Fall IFC/PHC:Spring _____ YES _____ Date

Member Involvement Form turned in? _____ YES _____ Date

Chapter Community Service Form turned in? _____ YES _____ Date

Chapter Officers in good academic standing? _____ YES _____ NO

Current Insurance Policy on file? Expires _____ _____ YES _____ Date

Current chapter membership total # _____ for **Fall** or **Spring** (circle one) of 20 _____

ONLY CHAPTERS WITH FACILITIES NEED TO COMPLETE THE FOLLOWING

Number of members currently living-in facility: _____

List of names & contact info attached? Yes Date _____

Capacity of House _____ Financial break-even point: _____
Costs per semester _____ Dues _____ Room & Board _____ Other _____

City of Ft. Collins fire inspection on file? Expires _____ _____ YES _____ Date

Corporation Board President _____ Phone _____

Address _____ Email _____

House Director _____ Phone _____ Email _____

Please email or bring into the Office of Greek Life by the 2nd Friday of each semester at 5pm. This will be reviewed at your 1st advisor meeting in the office