WSE Student Group Activity Summary

Student Organization: _______________________________________________________________

Name/Type of Activity: ______________________________________________________________

Date & Time: ______________________________________________________________________

Number in Attendance: ______________________________________________________________________

Summary of Activity: ______________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Goal of Activity: ______________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Success of Goal: ______________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Challenges of meeting the Goal: ______________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Should this Activity be held again? : YES or NO (circle one)

Explanation/Additional Thoughts: ______________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Summary Submitted by: ______________ Role in Org.: ______________ Date: __________