



**Interfraternity Council of the
University of California - Berkeley
Chapter Education Completion Form**

FOR OFFICE USE ONLY

Date Received:

To be Completed by Chapter Officer

Chapter: _____

Chapter Contact: _____

Phone: _____

Email: _____

To be Completed by Presenter

Presenter Name: _____

Title: _____

Phone: _____

Email: _____

Length of Presentation: _____

Date and Time: _____

Qualifications of Presenter (i.e. BPD, UCPD, BFD, ect...)

Topics Covered

I certify that the information above is correct and that the presenter provided a presentation, at least 45 minutes in length, to the above listed chapter. The above-mentioned number of chapter members and associates were in attendance for the entire length of the presentation.

Chapter Officer

Presenter

Signature

Date

Signature

Date

Name

Name