

TENNESSEE TECHNOLOGICAL UNIVERSITY

Office of Student Activities

Date: _____

ANNUAL REPORT FORM FOR REGISTERED STUDENT ORGANIZATIONS

Name of

Organization _____

Advisor(s) _____ E-mail _____ Box _____

Number of Active Members _____ (Please attach list of active members)

Please list Officer information:

Month of Officer Elections _____

Pres. _____ Box _____ Phone _____ Email _____

VP _____ Box _____ Phone _____ Email _____

Sec. _____ Box _____ Phone _____ Email _____

Treas. _____ Box _____ Phone _____ Email _____

Other _____ Box _____ Phone _____ Email _____

List three projects or activities in which your organization was involved during the school year:

1. _____

2. _____

3. _____

In accordance with the actions of the Student Affairs Committee on February 5, 1981, please fill in the following information:

A. Income for the Year \$ _____

B. Total Disbursements \$ _____

C. Closing Balance \$ _____

D. Beginning Balance \$ _____

Signature of Faculty Advisor

Signature of President

**This report must be completed and returned to the Office of Student Activities,
TTU Box 5156, Room 122, Roaden University Center.**