The Associated Students of Western Nevada
Club/Organization End of Semester Report Form

Academic Year: 2013-2014
Date: ___________

All clubs are required to turn in an END OF SEMESTER report. If you do not, your club budget will be “frozen” and no funds can be spent.

The report is due to ASWN governing Board by the last meeting of each semester

Please use this form to summarize your Club/Organization Activity during the past semester.

Club/Organization Name:

Club/Organization President:

Club/Organization Advisor:

Contact for this report:

Club/Organization Meeting Dates: Fall ___________ Spring ___________

_________________  __________________
_________________  __________________
_________________  __________________

Average attendance at meetings: __________

Please provide the dates and a brief description of all of your Club/Organization’s events and activities below.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Please provide dates, brief description and approximate amount made at your group’s fundraisers.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

What went well this semester?

______________________________________________________________________________

______________________________________________________________________________

What did not go so well?

______________________________________________________________________________

______________________________________________________________________________

What (if anything) do you plan to change for next semester?

______________________________________________________________________________

______________________________________________________________________________

If you received funding from ASWN how did you use it?

______________________________________________________________________________

______________________________________________________________________________

What (if anything) can the Office of Student Life Staff or AWSN do to help your club?

______________________________________________________________________________

______________________________________________________________________________

Other comments:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Please feel free to use additional pages or the back of this form, if necessary. Return to the Student Life or ASWN Office upon completion. Thank you!