WOMEN’S ENGINEERING SOCIETY

FIRST YEAR ACTIVITY PROGRAM PLAN

Please use this form to map out your Group's first year goals, strategies, and activities.

General Information

Group Name:
Type: Student
Current total number of group members:
Address:
Telephone:
Contact Email:

Group Strategy

Group Goals:
1.
2.
3.

Proposed Activities
Please provide information for activities you would like to have.

Activity 1
Type of activity:
Proposed date of activity:
Brief description of activity:

Activity 2
Type of activity:
Proposed date of activity:
Brief description of activity:

Activity 3
Type of activity:
Proposed date of activity:
Brief description of activity:

Report Submitted by:
Date:
Position:
Email address: