



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: