



University of Tennessee at Chattanooga
End of Semester Report

Club Name: _____	Semester: _____	Year: _____
President: _____	Email: _____	Phone: _____
VP: _____	Email: _____	Phone: _____
Treasurer: _____	Email: _____	Phone: _____
Secretary: _____	Email: _____	Phone: _____
Safety Officer: _____	Email: _____	Phone: _____
Advisor: _____	Email: _____	Phone: _____

Budget: Please remember to submit your budget with this form.

Semester Reflection:

1. Please list any club/individual highlights for the semester.

10. How could the Sport Programs office better serve your club and the overall program?

Office Use Only

Employee Receiving Form: _____ Date: _____

Marked in Compliance: _____ Yes _____ No

