

OMICRON DELTA KAPPA

THE NATIONAL LEADERSHIP HONOR SOCIETY

- FOUNDED 1914 -

ANNUAL REPORT FORM

The Annual Circle Report is to be completed and submitted by the Faculty Secretary each year in accordance with the OΔK National Constitution, Article IX, Section E. This form will be used to help the National Office update records. Information will be used for OΔK purposes only. Officers will receive materials to help them in their role as a Circle Officer. Please submit this form to OΔK National Headquarters before May 30, 2010. Also, please notify us of any expected faculty officer changes throughout the year including retirements, occupational changes, etc.

COLLEGE/UNIVERSITY NAME: _____

COMPLETED BY: _____ TITLE: _____

A. (NEXT YEARS'S) CIRCLE OFFICERS (We always need your Officer's names and contact information)

STUDENT PRESIDENT: _____ When initiated: _____

Current/School Address: _____

City State Zip Code

Phone: _____ Cell Phone: _____ Fax: _____

E-mail address: _____

FACULTY SECRETARY: _____

Title: _____ Initiation Date: _____

Preferred Address: _____

City State Zip Code

Phone: _____ Cell Phone: _____ Fax: _____

E-mail address: _____ First year as an Officer? Y N

Does the Faculty Secretary expect to step down or retire within the next academic year? Y N

**If the Faculty Secretary expects to retire or step down within the next academic year, please notify us via the Officer Change Form and refer to the Officer Succession Guide. Both are available online at www.odk.org.*

FACULTY ADVISER: _____

Title: _____ Initiation Date: _____

Preferred Address: _____

City State Zip Code

Phone: _____ Cell Phone: _____ Fax: _____

E-mail address: _____ First year as an Officer? Y N

B. CIRCLE PROGRAMS AND ACTIVITIES

1. Please list and briefly describe the major programs and/or activities of your Circle this year. (Be sure to send press releases, photos, etc., to our national office).

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2. How many initiation ceremonies did you have this academic year? _____
3. How does your Circle recruit members? For example, do you use a nomination or application process, or some combination?

4. How are eligible students made aware of their eligibility? (posters, letters, ads, other)

5. How are selected students notified of their election? (letter, tapping, etc.)

6. How many individuals were invited to become members of OΔK? _____ How many of those individuals accepted membership into OΔK? _____
7. Please list the number of members initiated this year from each member category.
Juniors _____ Seniors _____ Graduate Students _____ Faculty/Staff _____ Alumni _____ Honoris Causa _____
8. Please list the names of your Circle's four voting faculty members [As stated in Article VII(D)(b) of the National Constitution].

C. CIRCLE STANDARDS

Please complete the following the following "checklist for a successful Circle"

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Does your Circle have at least four voting faculty/staff members? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Did your Circle nominate a Leader of the Year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Did your Circle have a formal initiation ceremony this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Did your Circle engage in fundraising activities this year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Did your Circle have regular meetings at least once a month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Did your Circle have good "visibility" on campus? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Were membership forms submitted to National Headquarters twenty-one days in advance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Did your Circle participate in a Regional Conference and/or National Convention? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Did your Circle submit news and/or photographs to include in <i>The Circle</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did your Circle apply for a Clay Grant to support your programming efforts? | <input type="checkbox"/> | <input type="checkbox"/> |

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D. GENERAL INFORMATION

1. Please list your institution's President/Chancellor and indicate whether he/she is an OΔK member.

President/Chancellor: _____ Member? Yes No

Initiation Institution: _____ Initiation Year: _____

2. Recommendations to the Society's Board of Directors (if any):

3. Please list any member who deceased during the past year. Include their year of initiation and member's date of death, if known:

4. Additional comments or extra space for previous questions:

Signed: _____ Date: _____
Faculty Secretary