

**COWLEY COLLEGE**  
**CLUB/ORGANIZATION ANNUAL GOAL FORM**

Name of Club/Organization: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Co-Sponsor: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Cell number: \_\_\_\_\_

Sponsor duties are assigned per my employment contract:    \_\_\_yes \_\_\_no

Goals for the 20XX-20XX school year. Please list goals for your club/organization.

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**Student Learning Outcomes: Please circle the Global Learning Outcomes that are reinforced through participation in this club.**

1. Communication skills
2. Computational skills
3. Critical thinking and problem solving skills
4. Computer/Technology skills
5. Citizenship skills

**Special Events for the year:** Please provide date, time and location and send to Marketing to be put on the Event Calendar.

(Sponsors please reserve a room for the event).

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Meeting days: \_\_\_\_\_ Meeting Times: \_\_\_\_\_

Meeting Location: \_\_\_\_\_

**Student Leaders and titles:**

CCSS Representative: \_\_\_\_\_ Phone \_\_\_\_\_

Position/Name \_\_\_\_\_ Phone \_\_\_\_\_

Position/Name \_\_\_\_\_ Phone \_\_\_\_\_

Position/Name \_\_\_\_\_ Phone \_\_\_\_\_

Position/Name \_\_\_\_\_ Phone \_\_\_\_\_

# Year-End Evaluation

Sponsor(s): \_\_\_\_\_

Club/Organization: \_\_\_\_\_

Participation of Student Senate Meetings by Club/Organization ( /10): \_\_\_\_\_

\_\_\_\_\_  
Director of Student Life

\_\_\_\_\_  
Date

Goals Achieved:

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Meetings were regularly scheduled for members:

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Student Learning Outcomes:

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Club/Organization Events:

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Additional Comments:

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VP of Academics

\_\_\_\_\_  
Date

\_\_\_\_\_  
Compensation