Event Evaluation Form

Please fill out this evaluation card to assist us in serving you.

1. Program TItle

Enter your answer

2. Date

Please input date in format of M/d/yyyy

3. Location

Enter your answer

4. Time

Enter your answer

5. Please rate the program: (check one)

○ Excellent

○ Very Good

○ Good

○ Fair

○ Poor

6. Suggestions to improve the program

Enter your answer

7. Would you like to see this program on campus again?

○ Yes

○ No

8. How did you find out about the program? (check all that apply)

☐ Flyer in Housing

☐ From attending another event

☐ ASI Events Calendar

☐ University Times Ad

☐ ASI Website/Social Media

☐ Flyer on Campus

☐ A friend told me

☐ Just walked by

☐ Other

9. What programs or events would you like to see on campus?

| Enter your answer |

10. Would you like more information about other upcoming events?

If yes, please consider checking us out on Instagram at @asicalstatela

○ Yes

○ No

Submit

Never give out your password.   Report abuse