Event Evaluation Card

Associated Students, Incorporated supports student leadership initiatives,

involvement, personal growth, and learning.

student organization program funding, and campus activities that encourage

Event Evaluation Card Please fill out this evaluation card to assist us in serving you. Please fill out this evaluation card to assist us in serving you. Program Title: ___ Program Title: ____ Date: Date: ____Time:____ Location: Location: Please rate the program: (check one) 1. Please rate the program: (check one) o Excellent o Very Good o Good o Fair o Poor o Excellent o Very Good o Good o Fair o Poor 2. Suggestions to improve the program: 2. Suggestions to improve the program: 3. Would you like to see this program on campus again? 3. Would you like to see this program on campus again? Yes
No
How did you find out about the program? (check all that apply) o Yes o No 4. How did you find out about the program? (check all that apply) Flyer in Housing
 Flyer on campus
 From attending another event
 ASI Events Calendar
 University Times Ad
 ASI Website/Social Media Flyer in Housing
 Flyer on campus
 From attending another event
 ASI Events Calendar
 University Times Ad
 ASI Website/Social Media 5. What programs or events would you like to see on campus? 5. What programs or events would you like to see on campus? 6. Would you like more information about other upcoming programs? 6. Would you like more information about other upcoming programs? E-mail: E-mail: Associated Students, Incorporated supports student leadership initiatives, Associated Students, Incorporated supports student leadership initiatives, student organization program funding, and campus activities that encourage student organization program funding, and campus activities that encourage involvement, personal growth, and learning. involvement, personal growth, and learning. Event Evaluation Card **Event Evaluation Card** Please fill out this evaluation card to assist us in serving you. Please fill out this evaluation card to assist us in serving you. Program Title: ____ Program Title: Date: Date: Location: Location: 1. Please rate the program: (check one) 1. Please rate the program: (check one) o Excellent o Very Good o Good o Fair o Poor o Excellent o Very Good o Good o Fair o Poor 2. Suggestions to improve the program: 2. Suggestions to improve the program: 3. Would you like to see this program on campus again? 3. Would you like to see this program on campus again? ○ Yes ○ No
4. How did you find out about the program? (check all that apply) ○ Yes ○ No
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