

Event Evaluation Card

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

Program Title: _____

Date: _____

Location: _____ Time: _____

1. Please rate the program: (check one)
 Excellent Very Good Good Fair Poor
2. Suggestions to improve the program:

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)
 Flyer in Housing Flyer on campus
 From attending another event A friend told me
 ASI Events Calendar Just walked by
 University Times Ad Other
 ASI Website/Social Media
5. What programs or events would you like to see on campus?

6. Would you like more information about other upcoming programs?

Name: _____

E-mail: _____

Associated Students, Incorporated supports student leadership initiatives, student organization program funding, and campus activities that encourage involvement, personal growth, and learning.

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