



Student Event Evaluation

Sponsoring Organization: _____

Title of Program: _____

Date: _____ Start/End Time: _____ Location: _____

Event Contacts:

Name	Organization	Phone and/or Email
_____	_____	_____
_____	_____	_____

Advisor: _____ Department: _____ Extension: _____

Other Sponsors Involved (On or Off Campus):

Name of Organization	Contact Person	Phone and/or Email
_____	_____	_____
_____	_____	_____

PLEASE ATTACH SAMPLE OF PUBLICITY USED

Financial Summary:

- | | |
|--------------------------------|-------|
| Actual Expenses Incurred | _____ |
| 1. Professional Fee/Honorarium | _____ |
| 2. Equipment Rental | _____ |
| 3. Food/Drink | _____ |
| 4. Transportation | _____ |
| 5. Registration Fees | _____ |
| 6. Supplies | _____ |
| 7. Publicity | _____ |
| 8. Other: _____ | _____ |

Notes:

TOTAL: _____

Did you receive a Program Fund or Professional Development Fund allocation? yes no

Please answer the following questions on an attached page.

1. What was the purpose of the program?
2. What went well with this event?
3. What would you improve or change about this event?

Organization President Signature

Date

Advisor Signature

Date