

RHA Student Event Evaluation

Title of Program: _____

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

Name of Group or Individual Responsible for Event:

Other Sponsors Involved (On or Off Campus):

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

What happened at the event?

What went well with this event?

What could you improve on?

Would you refer students to RHA funding? Why or Why Not?

Please Provide a Detailed Financial Summary:

Line Item:	Cost:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL: _____

Please list your overall satisfaction with RHA's aid on scale of (dissatisfied) 1-10 (totally satisfied):

Please attach a sample of the publicity you used:

Thank you for participating in RHA's Student Event Funding Program!

**Please return this Evaluation to the RHA office
De La Salle 106
Any Questions? Call x8336
<http://stmarys-ca.edu/rha>**

