



Bay State College

Office of Student Activities

31 St. James Avenue

Boston, MA 02116

Phone (617) 217-9228

kstaine@baystate.edu

EVENT EVALUATION FORM

Name of Department/Office/Organization: _____		
Date Submitted: _____	Event Date: _____	
Name of Event: _____	Event Location: _____	
Time of Event: _____	Amount Allocated: _____	Amount Spent: _____

Please summarize the event's activities:

of BSC Students who Participated: _____ Was this event open to the general public? YES NO
If yes, how many people from the general public participated? _____

Did the event/program follow the approved budget? Could you have used more resources or less? Why?

What were the best parts of the event and its planning?

What were the worst parts of the event and its planning?

Would you make any change to the event or its planning process? What would those changes be?

Was this event/program free to all BSC students? YES NO

Was any revenue generated by the event/program? YES NO

If yes, how much? \$ _____

If there is more information you would like to outline, please provide below:

Fill out form in its entirety and submit to the Office of Student Activities, 31 St. James Avenue
Contact the Office of Student Activities at (617)-217-9228 or kstaine@baystate.edu with questions.

OFFICE OF STUDENT ACTIVITIES USE ONLY

Date Received: _____ Asst. Director of Student Activities Initials: _____