DEPARTMENT OF STUDENT AFFAIRS EVENT EVALUATION FORM

DEPARTMENT/OFFICE & EVENT INFORMATION

Name of Department/Office: _____________________________________________________________

Extension: ___ ___ ___ Date Submitted: _______ / _______ / _______

Name of Event: __________________________________________________________________________

Event Date: _______ / _______ / _______ Time of Event: _______________ to _______________ AM/PM

Event Location: __________________________________________________________________________

Amount allocated by Department: $ _______________ Amount used: $ _______________

Please summarize the event’s activities:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

How many BSC students participated in this event? __________

Was this event/program 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: