

Office of Student Activities
Evaluation Form
We Value Your Opinion

Please take a moment to complete this form, as the information you provide will be helpful to us in preparing for future events.

Name of Event: _____

Date: _____

	Poor		Good		Awesome
	1	2	3	4	5
How would you rate this event?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How did you hear about this event? (Please check all that apply.)

- | | | |
|--|--------------------------------------|------------------------------------|
| <input type="radio"/> Flyers/Bulletin Boards | <input type="radio"/> Social Media | <input type="radio"/> Walk-in |
| <input type="radio"/> Hand Flyers | <input type="radio"/> TV Monitors | <input type="radio"/> Friend |
| <input type="radio"/> Email | <input type="radio"/> OSA Website | <input type="radio"/> Professor |
| <input type="radio"/> Weekly Announcements | <input type="radio"/> Event Calendar | <input type="radio"/> Other: _____ |

Suggestions/Comments?

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Suggestions/Comments?

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