

**MORRISVILLE STATE COLLEGE
EVENT EVALUATION FORM
Student Activities Office**

Sponsored by Club/Organization _____

Event Title _____

Type of Event _____

Day of Week _____ Month _____ Date _____

Location _____

Time: Actual Start Time _____ am/pm End Time _____ am/pm

Club/Organization Workers _____

Number in Attendance _____ Morrisville attend. _____ Public attend. _____

What went well?

Were program goals met? Yes No

Problems/Concerns Yes No

What should be done differently next time?

How was the program received? Poor Fair Good Very Good Excellent

Should an event of this type be offered again? Yes No

Please use back of sheet for additional comments/recommendations.

Please return this form to the Student Activities Office 24 hours after program completion.