

program evaluation form

office use only

file reference # _____

funding request follow up

note: This form **MUST** be submitted to the Office of the Dean of Students within 2 weeks of the event/program date. Failure to do so may jeopardize good standing, access to funding, and future funding.

Organization: _____

Program/Event Chair: _____

Street Address: _____

Program/Event Name: _____

City, State, Zip: _____

Phone: _____

Date(s): _____

E-mail: _____

Location: _____

Program Advisor: _____

funding source	amount requested	amount allocated	actually spent	balance	Total Program Budget:
ASUCI Student Programming Fee Board					\$ _____
Community Service Funding Board					
Multicultural Programs Committee					Organization's Contribution:
Dean's Fund					
Other Source(s):					\$ _____
					Net Gain/Loss:
					\$ _____

general program information

Publicity/PR Chair(s): _____

General Audience/Participant Description by Percentage (totals do not necessarily add up to 100%):

- club members _____ % UCI students _____ %
 general public _____ % UCI faculty/staff _____ %
 other specify _____ %

Publicity Methods Used (check all that apply):

- e-mails hand-made posters
 flyers professionally printed posters
 invitations professionally printed cards
 advertisements
 radio station(s)
 website
 other (specify): _____

What was the primary goal/purpose of your event?

Was the goal achieved? Please explain.

Distribution/Circulation (check all that apply):

- members only UCI campus community
 other campuses
 general public
 other (specify): _____

Does your organization plan to conduct a similar event next year? If so, when?

Did the performer/speaker also advertise your event?

- Yes No

What changes would you recommend to those planning this event next year? (Attach sheet or use back of form.)

Total Number of People in Attendance: _____