



Student Activities Program Evaluation Form

Thurgood Marshall College

Student Affairs

In order to be reimbursed for this event you must complete the information below and submit it with the reimbursement form and all relevant receipts.

Organization/Building(s): _____

Your Name: _____ Email: _____

Event/Program Title: _____

Date(s) of Event/Program (Day of week/Month/Day/Year): _____

Location: _____ Number in Attendance: _____ Total Cost: \$ _____

Was there a presenter? Yes / No If so, who? _____

How did you advertise for this event/program? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Email | <input type="checkbox"/> Thoroughly Good Marshall News e-newsletter |
| <input type="checkbox"/> Flyers/Newsletters | <input type="checkbox"/> Posters |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Table ads in OceanView Terrace |
| <input type="checkbox"/> Presentation at TMCS Public Input
or at another org meeting | <input type="checkbox"/> Table ads in other Dining Halls |
| | <input type="checkbox"/> Other - please specify: _____ |

How was your organization's mission incorporated into this event/program?

What were the learning outcomes/goals? (check all that apply)

"For participating students, this event/program is intended..."

- to Increase Social Justice Awareness and/or Practical Activism
- to Develop Academic Success/Scholarly Pursuits
- to Promote Student Wellness and Balance
- to Build Community and Social Competencies
- to Enhance Practical Leadership Skills
- to Promote Multiculturalism and Cross-Cultural Learning
- to Engage in Community Service

Did you accomplish your intended learning outcomes? Please explain. _____

How could this event/program be improved upon in the future? _____

For Staff:

Planning Program Consultation Completed:

Yes / No

Date received by financial manager: _____

Initials: _____

Date received by advisor/supervisor: _____

Initials: _____