College Council Co-Sponsorship
Program Evaluation

This form must be completed and turned into the College Council Treasurer’s Mailbox (in the Student Activities Resource Center on the 2nd Floor of Paresky) within 7 days of the conclusion of your event in order for you to receive actual grant funds.

Program/Event Information

Name of Student Organization(s): __________________________________________________

Department ID (7-digit)__________________________________________________________

Student Contact Name: ______________________ UNIX (Email): ____________________

Event/Program Title: ____________________________________________________________

Event/Program Date: ______________ Date evaluation form submitted: ______________

Event Location (Building & Room): ______________________________________________

Please provide a brief evaluation of your program, including approximate attendance:
_____________________________________________________________________________________________
__________________________________________________________________________________________
_____________________________________________________________________________________________

If you had to do it over again, what would you do differently?
__________________________________________________________
__________________________________________________________________________________________

Did you have enough supplies or too many? What happened to the leftovers? ______________
__________________________________________________________________________________________

What was your projected cost? ________________________________________________

What was your actual cost? (attach final budget) ________________________________

Specifically, what was the College Council Co-Sponsorship money used to pay for?
__________________________________________________________________________________________
__________________________________________________________________________________________