

Program Evaluation Form

OFFICE USE ONLY

FUNDING REQUEST FOLLOW-UP

File Reference # _____

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					Organization's Contribution:
Multicultural Programs Committee					
Dean's Fund					\$ _____
Other Source(s):					Net Gain/Loss:
					\$ _____

GENERAL PROGRAM INFORMATION

Publicity/PR Chair(s): _____

Total Number of People in Attendance: _____

Publicity Methods Used (check all that apply):

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

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

- club members ____ % UCI students ____ %
- general public ____ % UCI faculty/staff ____ %
- other (specify) ____ %

What was the primary goal/purpose of your event?

Distribution/Circulation (check all that apply):

Was the goal achieved? Please explain.

- 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.)

