

Office of Student Life Event Evaluation

Fall 2008

Circle your selection.

Event:

Please answer only the questions you feel apply to the activity.

- | | | |
|---|-----|----|
| Did this event expose you to something new? | Yes | No |
| At this event did you get a chance to hang-out with other students, faculty and staff? | Yes | No |
| Did this event help you feel as if you belonged to a college community? | Yes | No |
| Do you feel as if this event gave you something to talk about? | Yes | No |
| Do you feel as if this event enabled you to build a greater sense of personal identity? | Yes | No |
| Did this event inspire your creative thinking? | Yes | No |
| Did this event allow your reflective thinking? | Yes | No |
| Did this event support the idea of appreciating diversity? | Yes | No |
| Do you feel as if this event could help you reach personal or educational goals? | Yes | No |
| Did this event help you learn something about music, entertainment, etc.? | Yes | No |
| Did this event help you think about future career choices? | Yes | No |

Comments and Suggestions:

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