



# Program Evaluation

Please complete at least 48 hours after the program

**Club Name:**

**Club President:**

**Program Title:**

**Location:**

**Date:**

**Time:**

**Co-sponsor (if needed):**

**Faculty/Staff/Department Involved:**

**Description of Program:**

**How did you advertise this program? Please attach any handouts you may have used:**

**Please comment on the program (strengths, weaknesses, what could be done differently)**

**Should this program be repeated:**

**Please explain:**

**Signature of Program Organizer:**

**Date:**

**Signature of Club President:**

**Date:**

**Signature of Club Advisor:**

**Date:**

**Signature of VP of Clubs and Organizations:**

**Date:**