ASSESSMENT FORM

Student Organization Name: ____________________________________________________________

Event Name: __________________________________ Event Date: ____________________________

Organization Officer: ___________________________ Signature: ____________________________

Phone: ___________________________ Email: ___________________________

Date of Submission: ___________________________

EVENT ASSESSMENT

Number of people in attendance: Students ________ Faculty/Staff ________ Off-Campus ________

Cost per person (total expenses divided by # of attendance): ____________________________

Explain how this event enhanced the student university experience and/or increased campus life:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

How do you feel this event went? What would you have changed (if anything)?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

FUNDING PROCESS ASSESSMENT

After your experience in requesting funds from ASI, do you think the funding process is effective? If not, what would you suggest to change and/or how can it be improved?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Would your club/organization request funds from ASI in the future?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Do you believe ASI funds for clubs/organizations are useful? Why?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Additional Comments
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Note: The purpose of this form is to know how effective student organizations events are, how effective is the funding process, and how this event contributes to the mission of ASI and CSUB. Submit form no later than two weeks after the event to the ASI Office, Student Union.