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.**