

UTICA COLLEGE
OFFICE OF OPPORTUNITY PROGRAMS
CSTEP EVENT EVALUATION FORM

STUDENT NAME: _____

MAJOR: _____ **CLASS:** _____

EVENT (name & location): _____

DATE OF EVENT: _____ **TIME OF EVENT:** _____

CAREER INTEREST: _____

1. LIST THREE THINGS THAT YOU'VE LEARNED FROM THIS EVENT?

- _____
- _____
- _____

2. WHAT WORKSHOPS DID YOU ATTEND?

- _____
- _____

3. WOULD YOU RECOMMEND THIS EVENT TO ANOTHER STUDENT?

YES _____ **NO** _____

4. WHY?

- _____
- _____
- _____

5. BEST PART OF THE EVENT?

6. WORST PART OF THE EVENT?

