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?
   ________________________________________________________
   ________________________________________________________