

OAKLAND COMMUNITY COLLEGE

Student LIFE

LEARNING • INTERACTING • FAMILY • EMPLOYMENT

Student LIFE Activities and Events Evaluation Form

Please take a moment to fill out this survey so Student Life can serve you better.

Thank you for participating in one of Oakland Community College's Student LIFE activities and/or events. To help us plan for future events and services, we would appreciate your responses to a few brief questions:

Activity Name: _____ **Event Date:** _____

1. How did you hear about this Student LIFE event (mark all that apply)?

- Poster on Campus Website Classroom announcement Newspaper
 Mailing Campus Marquee Friend/Family Referral Student Organization
 Plasma Television Staff/Faculty

Other _____

2. Please rate these questions on a 1 to 5 scale, one being the lowest score and 5 being the highest score.

What was your overall feeling about this event? (Was it distasteful or very enjoyable?)

1 2 3 4 5

Were the ideas and information presented in this event relative to your academic needs or personal interests?

1 2 3 4 5

Rate the usefulness of this event:

1 2 3 4 5

Rate the speaker(s) (if applicable):

1 2 3 4 5

Rate the location of this event – was it cramped, uncomfortable or was it spacious and well used?

1 2 3 4 5

How would you rate the entertainment (if applicable)?

1 2 3 4 5

How would you rate the refreshments/meal (if applicable)?

1 2 3 4 5

3. What kind of other Student LIFE events would like to see here at Auburn Hills?

4. Would you participate in a student club or organization, such as Mentors Club, Phi Theta Kappa, Student Government, Basketball Club or would you create your own club?

If you are interested in participating in, or starting a student life club or organization, please write your name and a contact e-mail or telephone number on this survey and hand it in to the Student LIFE office so we may get in touch with you.

Thank you for your time and input!

Name: _____

Tel: _____

E-mail: _____