

**DIVISION OF STUDENT AFFAIRS  
PROGRAM EVALUATION FORM**

**Program Title:**

**Sponsoring Department(s):**

**Date:**

**Time:**

**Location:**

**Approximate number in attendance:**

**Cost of program:**

**Student Affairs Goal(s) met by this program – Check all that apply:**

<input type="checkbox"/>	<b>Comprehensive:</b> fundamental rather than limited in application or purpose, embracing career skills, core values, and life goals.
<input type="checkbox"/>	<b>Critical Thinking:</b> intellectual development and an active faculty of judgment.
<input type="checkbox"/>	<b>Communication:</b> the ability to write effectively and speak articulately.
<input type="checkbox"/>	<b>Citizenship:</b> awareness of democratic traditions and the responsibilities they entail.
<input type="checkbox"/>	<b>Engagement:</b> involvement with the world, locally and globally; compassionate interaction with others, unselfish recognition of values larger than oneself.
<input type="checkbox"/>	<b>Analytical Skill:</b> foundation in math and logic
<input type="checkbox"/>	<b>Technological Aptitude:</b> knowledge of the current technology, flexibility in preparation for the future.
<input type="checkbox"/>	<b>Cultural Literacy:</b> grounding in the traditions of human intellectual and artistic achievement.
<input type="checkbox"/>	<b>Consciousness of Diversity:</b> awareness of and sensitivity to the richness of human possibility.
<input type="checkbox"/>	<b>Humility:</b> appreciation and respect for fellow human beings and the natural environment.

**Additional goal(s):**

**Please describe how the program met the goals:**

Please attach a copy of the advertising (flyers, etc.) used to promote this program to this form.