Organization/Building(s): ________________________________

Your Name: _________________________________________ Email:_____________________________________

Event/Program Title: ________________________________________________________________

Date(s) of Event/Program (Day of week/Month/Day/Year): ________________________________

Location: _____________________________________ Number in Attendance: __________ Total Cost: $ ___________

Was there a presenter? ☐ Yes / No ☐ If yes, who? ___________________________________________

How did you advertise for this event/program? Check all that apply:

☐ Email list
☐ Flyers/RA Newsletters
☐ TGMN college newsletter
☐ Facebook group or event
☐ Presentation at TMCSC or other org meeting
☐ Posters
☐ Table ads in Oceanview Terrace
☐ Other ___________________________________________

Describe how this event/program relates to the mission of your organization/residential community.

____________________________________________________________________________________

Specify the manner in which this program or event contributes to student learning, growth, and development. Check all

☐ Think Critically and Solve Problems
☐ Communicate Effectively
☐ Lead in a Diverse Global Society
☐ Advance a Plan for Personal, Academic, and Professional Success
☐ Engage in a Healthy Lifestyle
☐ Promote Social Justice & Community Responsibility

Identify your approach(es) in achieving your expected outcomes. What type of experience did you create through your event/program?

☐ Social: community building and bonding
☐ Community service & philanthropy
☐ Wellness: physical, emotional, intellectual, environmental, spiritual, & occupational
☐ Engagement with any components of the of “Know, Check, Be” Residential Life Philosophy
☐ Holistic: exploration and inquiry
☐ Diversity & identity development
☐ Other: ___________________________________________
☐ Arts: creative outlets and self expression

How did you accomplish the intentions of the program selected above? ______________________________

____________________________________________________________________________________

If you were to do this event again, what would you do differently? ______________________________

____________________________________________________________________________________

STAFF USE ONLY

Planning Program Consultation Completed? ☐ Yes / No

Date received by financial manager: ______________ Initials: __________________

Date received by advisor/supervisor: ______________ Initials: __________________

Processed by: ___________________________