Center for Career Services - Program Evaluation

Event Name: ______________________________ Program Date: _________________

This program or service will enhance my career, personal, or professional development. Circle one.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

In what ways did this program or service impact you? Check all that apply.

☐ I learned more about myself.
☐ I learned more about connecting with employers.
☐ I learned more about how to be a professional.

On a scale of 1-10 how likely are you to recommend this program to a friend? ___________ (1 low to 10 high)

GWID: G_______________________ (optional)  School / Major: ________________________________
Degree Level: BA/BS  MA/Law/PhD  Expected Grad Month/Year: ________________________________

Comments & Ideas: