

# Student Professional Development Fund Feedback Form

## STUDENT INFORMATION

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

## POST-EVENT FEEDBACK

Complete the form with as much detail as possible and submit it to the Office of Career and Professional Development within two weeks of attending the funded event. Please attach additional sheets if necessary. Any outstanding requests for reimbursement will not be processed until you return this completed form.

Name of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Please give a brief summary of your experience in attending this event:

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Did you achieve your goal? How has this experience helped develop you personally or professionally?

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What did you learn from this experience that can be helpful to your fellow students?

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Was attending the event worth the financial costs associated with it? Why or why not?

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## FOR FUND DISTRIBUTION COMMITTEE USE ONLY

Comments: