

Alumni Chapter Name: _____

Contact person: _____

Email Address: _____

EVALUATION

Attendance: Invited RSVP Attendance

Budget: Budget allocated Money spent Money recovered

What worked well?

What could be improved? _____

Feedback from attendees: _____

Recommendations: _____

OUTCOMES

Outcomes for the Alumni Chapter: _____

Follow up actions from this activity: _____

Signature: _____ Name: _____ Date: _____

Please submit this report within two weeks of the activity to the International Alumni Relations Coordinator