



Central Connecticut State University Inter-Residence Council Budget Committee Evaluation

This form is due one week after the event for which Budget Committee funded. When you have completed filling out this form, please submit it to your Resident Director or Area Coordinator via email. Failure to complete and submit the form may impact future requests.

Name of program: _____

Residence Hall: _____

Amount requested from Budget Committee: _____

Breakdown of request: _____

Date and time of program: _____

Location of event: _____

Number of residents who participated: _____

Brief explanation of program:

What did residents like about the program?

Is this a program that should be put on again in the future? Why or why not?

If this program were to be put on again, what, if anything would be changed?:

How did this program create a stronger community within the residence hall(s)?:

Resident Director/Area Coordinator Signature _____

Please return this form to the IRC Treasurer at ccsuirc@gmail.com within 1 week from the program's occurrence. Failure to submit your evaluation will result in your halls ability to request funds being revoked.