FIRST-YEAR SEMINAR/FIRST-YEAR EXPERIENCE LEARNING EVENT FEEDBACK

Student name: _____ YCP email: _____@ycp.edu

Event date: _____ Event location: _____

Are you enrolled in an FYS class this semester? ■ Yes ■ No

How did you hear about this event? (Circle all that apply)

■ FYS Fellow ■ Social media ■ YCP Portal ■ Class announcement ■ A friend

Was this held at a convenient time? ■ Yes ■ No In a convenient location? ■ Yes ■ No

Should this type of event be offered again in future? ■ Yes ■ No

What is one thing that you learned at this event? _____

_____

How could this event be improved? _____

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