



Evaluation Form

CONTINUING EDUCATION & PUBLIC PROGRAMS

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We appreciate your taking the time to fill out the following evaluation form to help us serve you better
Name of event/course /lecture you attended _____

DATE _____ SPEAKER _____

YOU ARE: ___STUDENT___TEACHER___COMMUNITY LEADER___PROFESSIONAL
___AARP MEMBER___OTHER_____

How did you learn about this event? ___CATALOGUE___FLYER___E-MAIL___MEDIA
___SCHOOL PUBLICATION___FRIEND___OTHER_____

Are you on our mailing list? If not, print name, address and phone number(and/or E-mail) to be added:

Name _____ Address _____

City _____ State _____ Zip _____ email _____

In a few words describe your reaction to this event: _____

Strong points _____

Suggested improvements: _____

Interested in more programs on this topic or other areas? If so, please suggest which topics, areas

What times and days are best for you to attend programs?

Weekdays _____ Day _____ Evening Weekends _____ Day _____ Evening

Would you be interested in receiving our catalogue on-line? _____ yes _____ no
(Please include your contact information and email address in the space provided above)

Additional comments: _____

Thank you.

Please return to either the Continuing Education & Public Programs staff person or teacher at program or mail / fax to
Continuing Education & Public Programs the Graduate Center 365 Fifth Avenue, 8111 NY, NY 10016 fax: 212 817-1511.