



Sigma Nu Fraternity Theta Lambda Chapter

Eastern Washington University

220 College St

Cheney, WA 99004

Program Evaluation

(Turn in to OSA 48 hours after the program)

* Person Submitting Evaluation: _____

* Fraternity/Sorority Chapter: _____

* Program Title: _____

* Type of Program: Hazing Substance Abuse Academic Sexual Health
 Diversity/Cultural Competence Sexual Assault/Harassment
 Community Service Continuing Membership Education
 Collaboration w/ _____ Other (specify) _____

* Date: _____ Time: _____ am/pm Location: _____

* Funding Source: _____ Chapter Funds _____ Participants Pay _____ Other(specify) _____

* Estimated Cost of Program (if any): _____

* How did your chapter members benefit from the program? List learning outcomes.

Name of Presenter: _____

E-mail: _____

Department/Business: _____

Phone #: _____

* Evaluate Presenter: _____

* Chapter Programmer Name: _____ Date: _____

* Phone #: _____ E-mail: _____

* Chapter President Signature: _____ Date: _____

* Chapter Advisor Signature: _____ Date: _____

* OSA Staff Signature: _____ Date: _____

➤ Attendance Roster on back



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ROSTER

FULL NAME (print legible)	Year in Chapter	FULL NAME (print legible)	Year in Chapter
1) _____	_____	28) _____	_____
2) _____	_____	29) _____	_____
3) _____	_____	30) _____	_____
4) _____	_____	31) _____	_____
5) _____	_____	32) _____	_____
6) _____	_____	33) _____	_____
7) _____	_____	34) _____	_____
8) _____	_____	35) _____	_____
9) _____	_____	36) _____	_____
10) _____	_____	37) _____	_____
11) _____	_____	38) _____	_____
12) _____	_____	39) _____	_____
13) _____	_____	40) _____	_____
14) _____	_____	41) _____	_____
15) _____	_____	42) _____	_____
16) _____	_____	43) _____	_____
17) _____	_____	44) _____	_____
18) _____	_____	45) _____	_____
20) _____	_____	46) _____	_____
21) _____	_____	47) _____	_____
22) _____	_____	48) _____	_____
23) _____	_____	49) _____	_____
24) _____	_____	50) _____	_____
25) _____	_____	51) _____	_____
26) _____	_____	52) _____	_____
27) _____	_____	53) _____	_____