

UNIVERSITY of
NORTHERN COLORADO



Event Planning and Scheduling

The University of Northern Colorado was pleased to host your recent event! We would appreciate you taking the time to complete this event evaluation so that we may have your honest feedback on the facilities and support provided to you during your visit to our campus. Thank you for your time.

Name of Event _____ Date of Event _____

Name _____

	Excellent	Good	Fair	Poor	N/A
Scheduling Office Staff					
Courteous and Friendly	4	3	2	1	N/A
Anticipated your needs	4	3	2	1	N/A
Helpful in resolving problems	4	3	2	1	N/A
Performed jobs quickly and effectively	4	3	2	1	N/A
On-Site Staff					
Courteous and Friendly	4	3	2	1	N/A
Anticipated your needs	4	3	2	1	N/A
Helpful in resolving problems	4	3	2	1	N/A
Performed jobs quickly and effectively	4	3	2	1	N/A
Facilities					
Cleanliness	4	3	2	1	N/A
Equipment	4	3	2	1	N/A
Overall Appearance	4	3	2	1	N/A
Food					
Quality	4	3	2	1	N/A
Service	4	3	2	1	N/A
Presentation	4	3	2	1	N/A

Would you recommend the University of Northern Colorado facilities and services to others?

Yes _____ No _____

If no, why not?

Rate University of Northern Colorado facilities in relation to other facilities you have used, if any.

a. Superior _____ b. Above Average _____ c. Average _____
d. Below Average _____ e. Poor _____ d. N/A _____

Additional Comments/Suggestions for improvements:

Please return to:

Event Planning & Scheduling
Campus Box 35
University of Northern Colorado
Greeley, CO 80639

UNIVERSITY OF NORTHERN COLORADO

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