

# COLLEGE OF MICRONESIA-FSM

Department of Student Services

Name of Recognized Student Club or Association

Y.S.O

Description of the Activity

Welcoming the freshmen and tell them about the rules and encourage them to study hard.

Estimated Dollar Value(s) of the Activity

Welcoming new Student and new officers

Remarks (if any)

Fund Assistance Requested, if applicable (Provide a List of Items with Corresponding Cost in Dollar Figure)

Type of Student Club or Association

Student club

Date of Request

9/24/14

Date/Time of the Activity

9/27/14  
12:00pm-5:30pm

Anticipated Number of Participants in the Activity

100 OFF CAMPUS  
56 RAH.

Type of Assessment including Justification

Survey Questioners/ Photos

Other Types of Assistance Requested

### Maintenance Assistance

On Campus drop off 9:00am (for barbecue)  
Transportation for off-campus  
Pick up time: 11:30am Drop off time: 5:00pm  
Location: Telecomy - NHCQ MARINE PARK

Endorsed by (ONLY ONES THAT APPLY)

  
Bernes Paines, SBA, President


9/24/14

Date

9/24/14

Date

Francisco Mendiola, Director, Maintenance

  
Marlou Gorostegui, In-Charge, Residence Halls

9/25/14

Date

Morehna Santos, Director of Student Life

Date

Approved by

  
Joey Oduardo, Acting VP for Student Services

9/25/14

Date

Requested by

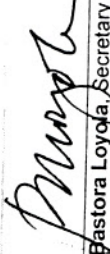
  
SAMA SANGLE  
(SIGNATURE OF CLUB OFFICER OVER PRINTED NAME)

V. PRESIDENT  
POSITION TITLE

Noted by

  
Christopher Lee  
(SIGNATURE OF CLUB ADVISER OVER PRINTED NAME)

Verified by

  
Pastora Loyola, Secretary to the VPSS

Date

# SURVEY

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1. Please rate the following aspects of the event

	Excellent	Good	Fair	Poor
Scheduling and timing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Entertainment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food and beverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Based on your experience at this event, how likely are you to attend future events?

- Very likely
- Somewhat likely
- Not likely

3. What was your favorite part of the event?

4. What was your least favorite part of the event?

5. Any suggestions or comments to help improve

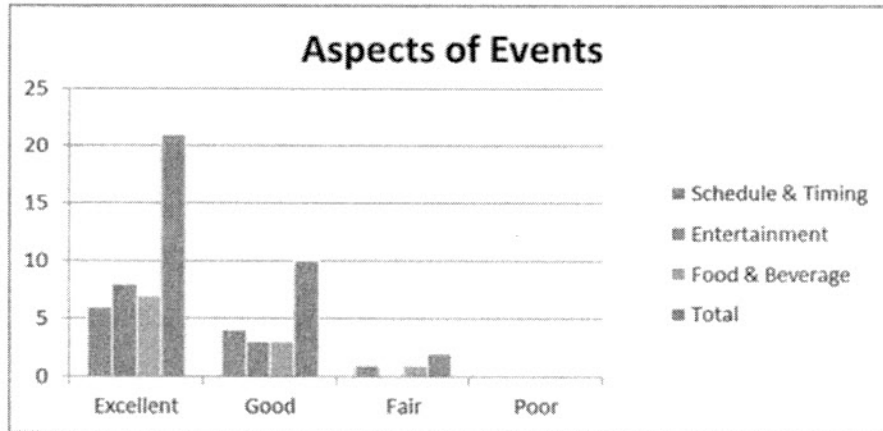
6. Overall how would you rate the event?

- Excellent
- Good
- Fair
- Poor

# YSO ASSESSMENT SURVEY

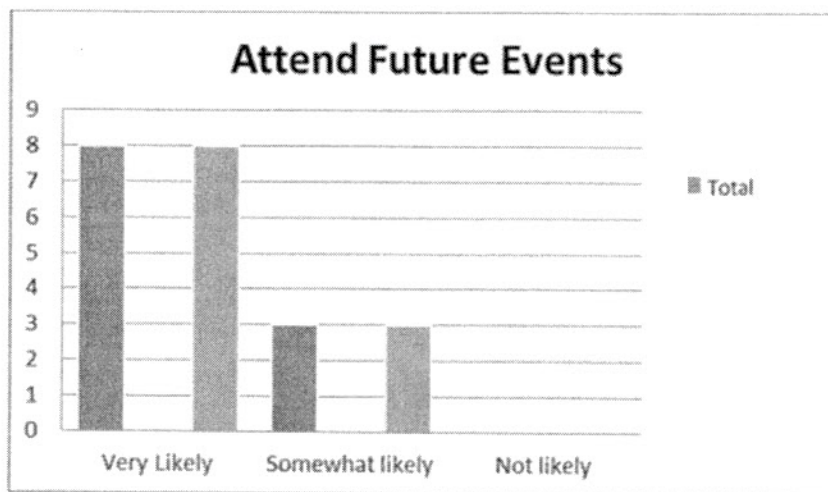
Please rate the following aspects of the event?

	Excellent	Good	Fair	Poor
Schedule & Timing	6	4	1	
Entertainment	8	3		
Food & Beverage	7	3	1	
<b>Total</b>	21	10	2	0



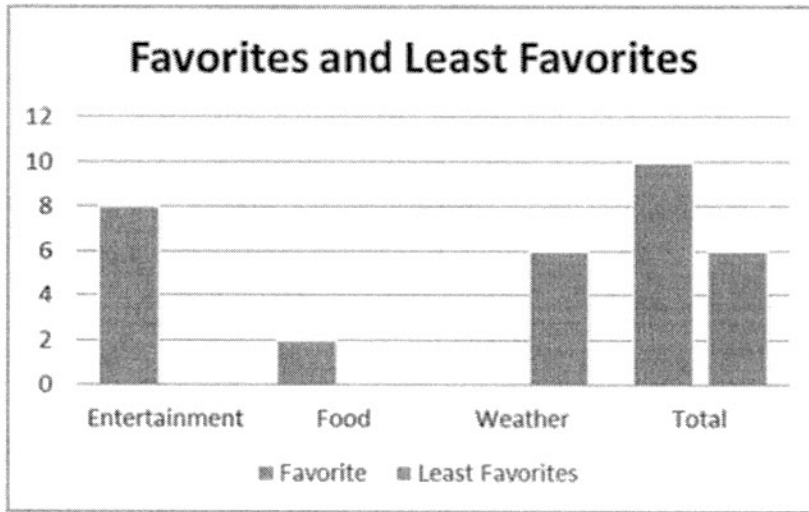
Based on your experience at this event, how likely are you to attend future events?

	Very Likely	Somewhat likely	Not likely
	8	3	
<b>Total</b>	8	3	0



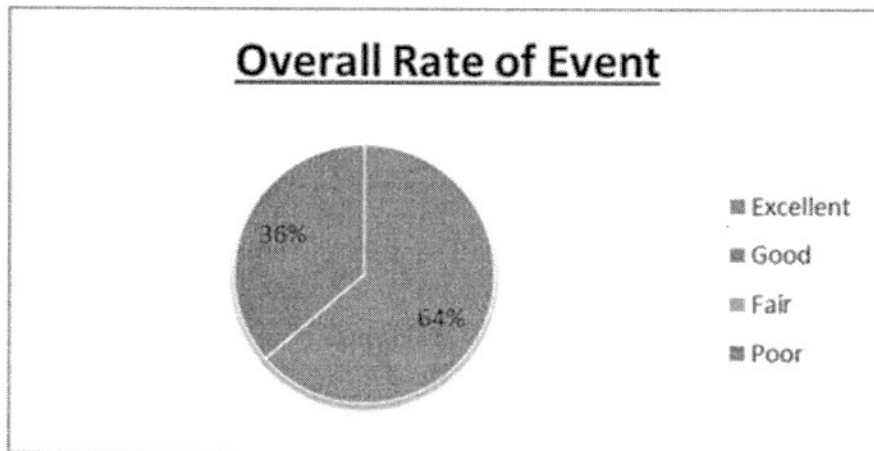
**Favorite and Least Favorite**

	Favorite	Least Favorites
Entertainment	8	
Food	2	
Weather		6
<b>Total</b>	<b>10</b>	<b>6</b>



**Overall Rate of Event:**

	Excellent	Good	Fair	Poor
	7	4		
<b>Total</b>	<b>7</b>	<b>4</b>	<b>0</b>	<b>0</b>



**Suggestion for next event**

- Start on time
- More Ice Cream and Cake
- More Entertainment