

Event Summary

*The purpose of this of this document is to provide an on-site evaluation
of the event for future reference and documenation.*

Name of Person Providing Information: _____

Institution: _____ Date: _____

Student attendance # _____ Parent Attendance # _____

Department/School/Program: _____

Briefly describe event

Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Contact Information: _____

Please return this form to: Iqj p'I ko cp, GEAR UP Coordinator
Iowa College Student Aid Commission
603 E. 12th Street 5th Floor
Des Moines, IA 50319
Fax: 515.725.3401