

DIVERSITY & EEO PROGRAM
Written Evaluation of Funded Presentation/Speaker/Workshop

Date of event: _____

Speaker/Workshop/Presenter: _____

Topic: _____

Your name: _____

Date: _____

After each presentation, workshop, or activity funded by the Office of Diversity and Inclusion (ODI) at the University of California, San Diego (UCSD), please complete this form. (After)Tj/C2_0vby)Tj/C2_11Tf08mD(wor)2(k)42_11Tf0c8