

HORRY-GEORGETOWN TECHNICAL COLLEGE

Faculty/Staff Development Activity/Course Evaluation Form

To be submitted within two weeks of the projected completion of project to the
Appropriate Vice President, or when applicable, the President

1. Name: _____ Date: _____

2. Activity Title/Course: _____

3. Activity/Course Number: _____

4. Status of Activity/Course: Completed Not Completed (Explain)

5. Amount Budgeted: \$ _____ Amount Spent: \$ _____

6. Demonstrate through appropriate documentation the outcomes of your activity/course and the
extent to which your activity/course was effective in meeting your stated needs:

7. Describe the benefits gained by you, students, and College (if additional space is needed,
attach a separate document):

8. Describe the changes in your job that may result from your participation in this event:

_____/_____
Employee's Signature / Date

_____/_____
Appropriate Vice President, or when applicable, the President / Date