Carnegie Mellon University
Center for Innovation and Entrepreneurship

CONNECTS
Seminars/Talks/Workshops

Name of session: _____ **Date:** _____

I am currently a:

Student @	_____	**If CMU please indicate information below:**
(Ex: CMU, Pitt, Chatham, Carlow, Duquesne, Other)		**School:** _____
Faculty	_____	**Grad Year:** _____
Staff	_____	**Level:** Undergrad _____ Masters _____ PhD_____
Alumni	_____	**CMU Portugal:** _____
Entrepreneur	_____	**I-Corps Site Program:** _____
Lawyer	_____	**Innovation Scholar:** _____
Other	_____	**Swartz Fellow:** _____

How informative was this event? Circle one

1	2	3	4	5
Not at all		Satisfactory		Highly informative

Comments:

How engaging was the speaker(s)? Circle one

1	2	3	4	5
Not at all		Satisfactory		Highly engaging

Comments:

Do you have any suggestions for future topics?

Comments:

Optional:
Name: _____ Email: _____