



SMART MUSEUM OF ART
THE UNIVERSITY OF CHICAGO

Education Study Room | Student Evaluation



1. Name:

2. Year of study:

- 1st Year
- 2nd Year
- 3rd Year
- 4th Year
- Graduate Student

Planned or declared major:

*** 3. Course name and department from your visit(s):**

*** 4. In what ways did a visit to the Smart Museum's Education Study Room impact your overall class experience?**

5. How did this visit help you to achieve your learning goals?

6. Did your experience with objects in the study room affect the way you approach art? If so, how?

*** 7. Prior to your class visit, have you previously been to the Smart Museum? (check all that apply)**

- Explored the galleries
- Visited with a previous class
- Attended an event or program
- Purchased something from the café or shop
- No, this was my first time to the museum
- Other (please describe)

8. Check box below if you would like to sign up for the Smart Museum of Art's e-newsletter

Yes, sign me up! (enter email address below)

Email address

9. Check box below to become a SmartPartner, which is free for students through the Arts Pass program (you will get advance notice of programming and events, discounts at the Smart Café and Shop, and our At the Smart quarterly publication)

Yes, sign me up! (enter email address below)

Email address

Thank you for your feedback! We greatly appreciate your input on this program.