



St. Cloud State University Telephone Log

*Submit to Compliance Office no later than the completion of the first week of the following month.



Coach: _____ Month: _____ Sport: _____

Name of Prospect		Date & Time Called	Completed: Yes or No	Prospect Status (Circle One)	Comments
1.		1.			
		2.		HS Senior	
	Male or Female	3.		2-Year Transfer	
		4.		4-Year Transfer	
		5.			
Name of Prospect		Date & Time Called	Completed: Yes or No	Prospect Status (Circle One)	Comments
2.		1.			
		2.		HS Senior	
	Male or Female	3.		2-Year Transfer	
		4.		4-Year Transfer	
		5.			
Name of Prospect		Date & Time Called	Completed: Yes or No	Prospect Status (Circle One)	Comments
3.		1.			
		2.		HS Senior	
	Male or Female	3.		2-Year Transfer	
		4.		4-Year Transfer	
		5.			
Name of Prospect		Date & Time Called	Completed: Yes or No	Prospect Status (Circle One)	Comments
4.		1.			
		2.		HS Senior	
	Male or Female	3.		2-Year Transfer	
		4.		4-Year Transfer	
		5.			
Name of Prospect		Date & Time Called	Completed: Yes or No	Prospect Status (Circle One)	Comments
5.		1.			
		2.		HS Senior	
	Male or Female	3.		2-Year Transfer	
		4.		4-Year Transfer	
		5.			
Name of Prospect		Date & Time Called	Completed: Yes or No	Prospect Status (Circle One)	Comments
6.		1.			
		2.		HS Senior	
	Male or Female	3.		2-Year Transfer	
		4.		4-Year Transfer	
		5.			

Signature of Coach: _____

Date: _____