Counselors will complete and present a weekly report by noon on Fridays. When counselors are traveling on Fridays, an electronic report should be forwarded to the office by noon.

Report for the week of:______________  Counselor Name:________________________

COLLEGE PROGRAM(s) attended:

1. __________________________________________  Rate program: good moderate poor
   Name
   Number of prospect cards received: ______

2. __________________________________________  Rate program: good moderate poor
   Name
   Number of prospect cards received: ______

3. __________________________________________  Rate program: good moderate poor
   Name
   Number of prospect cards received: ______

4. __________________________________________  Rate program: good moderate poor
   Name
   Number of prospect cards received: ______

5. __________________________________________  Rate program: good moderate poor
   Name
   Number of prospect cards received: ______

6. __________________________________________  Rate program: good moderate poor
   Name
   Number of prospect cards received: ______

HIGH SCHOOL/COLLEGES(s) visited:

1. __________________________________________
   Name of Counselor: _______________________
   Number of students spoken to: ______
   General comments about visit:

   __________________________________________

   __________________________________________

2. __________________________________________
   Name of Counselor: _______________________
   Number of students spoken to: ______
   General comments about visit:

   __________________________________________

   __________________________________________
3. ______________________________________
Name of Counselor: ____________________________
Number of students spoken to: _______
General comments about visit: ______________________________________

4. ______________________________________
Name of Counselor: ____________________________
Number of students spoken to: _______
General comments about visit: ______________________________________

5. ______________________________________
Name of Counselor: ____________________________
Number of students spoken to: _______
General comments about visit: ______________________________________

6. ______________________________________
Name of Counselor: ____________________________
Number of students spoken to: _______
General comments about visit: ______________________________________

Faculty/Liaison Visits: __________________ Call to Methodist Pastor in your area: ____________________
Faculty name(s) (Church name)

Please list other mailings or events you assisted with: ______________________________________

# Prospective Student Phone Calls: ________ TOTAL: _____
# Prospective Student Emails: __________ TOTAL: _____
# Prospective Student Notes: ___________ TOTAL: _____
# in Info Sessions: __________ TOTAL: _____
# of Cards to Counselors: __________ TOTAL: _____

Additional contact with prospective students: ______________________________________