

Long Island University

Volleyball Prospect Questionnaire

PERSONAL:

Full Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

E-mail Address: _____ Height: _____

Names of Parents or Guardians: _____

Phone: Father: _____ Mother: _____

ACADEMICS:

High School/JC now attending: _____ Graduation Date: _____

Address of HS/JC: _____ Phone: _____

HS/JC Grade Point Average: _____ Class Rank: _____

Guidance Counselor: _____ Phone: _____

SAT Score: _____ Date Taken: _____ ACT Score: _____ Date Taken: _____

Universtiy Major Desired: _____ Total Credits Completed (if JC or Transfer): _____

ATHLETICS:

Position(s): _____

Statistics--Current Season: GP _____ Kills _____ Errors _____ Pct. _____

Digs _____ Aces _____ Blocks _____ Block Assists _____

Volleyball Honors: _____

HS/JC Coach: _____ Phone: _____

Club Team: _____

Club Coach: _____ Phone: _____

SCOUTING RECOMMENDATIONS (List players who also may be interested in attending LIU):

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

3. Name: _____ Phone: _____

Address: _____

Why do you want to play at LIU? _____

Any questions you might have about LIU? _____

Please Print Questionnaire
and Return To:

Dinu Dan, Volleyball Coach
Long Island Universtiy
One University Plaza
Brooklyn, NY 11201

Volleyball Office Phone
718-488-1532