

OFFICE OF RECORDS AND REGISTRATION

St. Cloud State University
720 – 4th Avenue S
St Cloud MN 56301-4498

APPLICATION FOR ADMISSION OF CURRENT HIGH SCHOOL STUDENT

This form must be completed each semester by students who have not yet graduated from high school. You may enroll in only one class per semester or two classes per summer term.

Name of Student _____
(Please Print) Last First Middle Social Security Number _____

Street Date of Birth _____

City State Zip Code

Course to be completed _____
Department Course Number Semester Enrolling

Reason for enrolling in the course _____

Signature of Parent or Guardian _____ Date _____

I certify that this student is in the upper 50% of his/her high school class and is entering or is currently in his/her senior year of high school.

Signature of High School Counselor _____ Date _____

NOTE: If you are not a high school senior, we also need the following signature.

Signature of Academic Affairs Office _____ Date _____

THIS APPLICATION FORM DOES NOT APPLY TO NOR GUARANTEE ACCEPTANCE TO THE POST-SECONDARY ENROLLMENT OPTIONS ACT PROGRAM.