

PSEO APPLICANT INFORMATION

Are you applying for On Campus Courses ITV Courses

Full Legal Name _____
Last First Middle Initial

Date of Birth ____ / ____ / ____

Home Address _____
Street Address City State Zip

Home Phone Number () _____ - _____

Name of parent or guardian _____

Email Address _____

Are you a U.S. Citizen? Yes No

If not, type of visa _____

When do you plan to begin taking courses? Fall Spring Year _____

Name of high school, preparatory school or home school you are attending _____

Anticipated high school graduation date _____
Month, Year

Social Security Number - -

Social Security Number

Federal law allows the MnSCU System to request and use your social security number. While you are not legally required to provide your social security number on this form, you are strongly encouraged to do so. You will be required to provide your social security number when you apply for financial aid or the new educational tax benefits. If you provide your social security number, it will be used for routine record keeping, institutional statistics, research and required state and federal reporting.

PSEO DEADLINES

Applications must be received by the following dates:

FALL SEMESTER - JUNE 1
SPRING SEMESTER - NOVEMBER 1

Early application is encouraged to provide maximum opportunities for planning

Minnesota Post Secondary Enrollment Options Act

The Minnesota Post Secondary Enrollment Options Act promotes rigorous educational pursuits and provides a wide variety of options to 11th and 12th grade high school students to enroll full-time or part-time without cost to them in nonsectarian courses or programs in eligible post secondary institutions.

This form is to be completed by the student and returned to the high school counselor. A high school transcript and a Notice of Registration form should then be attached and both items sent to SCSU.

This application form must be completed only for the student's initial semester of attendance in the PSEO Program.

SIGNATURE REQUIRED BY ALL APPLICANTS

This is my application to St. Cloud State University under the Post-Secondary Enrollment Options (PSEO) Act. I certify that the information provided on this form is true and correct. The high school must return this form along with a copy of your high school transcript directly to the Office of Admissions.

This form is not an application to become a degree candidate at St. Cloud State University. If you wish to enroll as a degree candidate after high school graduation, you must fill out a freshman application for admission, pay the application fee, and meet all entrance requirements as established by the University.

Signature _____ Date _____

ACCESS TO ADMISSIONS APPLICATION FILE

St. Cloud State University complies with federal and state privacy laws and regulations. Those who may gain access to information in your file are staff and faculty at SCSU who have a need to gain access, and outside organizations and government bodies in limited circumstances as authorized by state or federal law. In addition, you may receive your own file. No one else may view your file without your written consent or a subpoena or court order. If you want the University to give information to someone else such as your parent, spouse or other relative, or friend, you must complete and sign this section of the application. This consent will remain in effect for one year from the date you sign unless you advise the University earlier that you want to withdraw your consent. If you give someone else access to your file, that person may be able to help us process your application.

I authorize the following persons to receive information in my St. Cloud State University application file.

Name _____

Relation to me _____

Address _____

Applicant's Signature _____

TO BE COMPLETED BY HIGH SCHOOL OFFICIAL FOR APPLICANT

Applicant ranks _____ (from top) in a class of _____ students. School does not rank

Standardized test scores _____

(This may include PLAN, PSAT, ACT, SAT or Accuplacer scores. Please list composite and individual section scores as applicable.)

Signature of certifying official _____ Title _____

CONTACT INFORMATION

Office of Admissions – PSEO
Administrative Services 115
720 – 4th Ave South
St. Cloud, MN 56301

PSEO (320) 308-2244 or 1-877-654-SCSU (7278)
Email: pseo@stcloudstate.edu
Website: www.stcloudstate.edu/scsu4u/pseo

ST. CLOUD STATE UNIVERSITY

