



ST. CLOUD STATE UNIVERSITY™

Post Secondary Enrollment Options (PSEO) Program Application

MINNESOTA POST SECONDARY ENROLLMENT OPTIONS (PSEO) ACT

The Minnesota PSEO 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.

I am applying for Online Courses Only On Campus Courses Combination of Courses

Full Legal Name _____
Last First Middle

Date of Birth ____/____/____ Home Phone Number (____) _____ - _____
Mo Day Year

Home Address _____
Street Address City State Zip

Name of parent/guardian _____ Email Address _____

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

Are you a U.S. Citizen? Yes No If not, type of visa _____

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

Anticipated high school graduation date _____
Month, Year

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. If you provide your social security number, it will be used for routine record keeping, institutional statistics, research and required state and federal reporting.

DEMOGRAPHIC INFORMATION

The following information will help St. Cloud State University evaluate student recruitment and retention policies; it will not be used as a basis for admission. Providing this information is voluntary.

Gender Male Female

Are you Hispanic or Latino (a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture, regardless of race)? yes no

Race and ethnic background (select any that apply)

- American Indian or Alaska Native - A person having origins in any of the original peoples of North, Central or South America and who maintains tribal affiliation or community attachment
- Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent
- Black or African American - A person having origins in any of the black racial groups of Africa
- Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White - A person having origins in any of the original peoples of Europe, the Middle East or North Africa

PLACEMENT TESTING

Students admitted to the St. Cloud State University PSEO program must submit placement scores (ACT, SAT or Accuplacer) to determine appropriate course placement before registration. Scores may affect enrollment in courses.

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 your completed Notice of Student Registration form and a copy of your high school transcript directly to the Office of Admissions. This application must only be completed for the student's initial semester of attendance in the PSEO program. 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 complete a undergraduate application for admission and meet all entrance requirements as established by the University.

Signature _____ Date _____

Deadlines

Applications must be received by the following dates:

Fall Semester – June 1 **Spring Semester – November 1**

Early application is highly encouraged to provide maximum opportunities for planning.

ACCESS TO ADMISSION 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 St. Cloud State University 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 PSAT, ACT, SAT scores. Please list composite and individual section scores as applicable.)

Signature of certifying official _____ Title _____

Please return application materials to:

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

Questions?

Email:
pseo@stcloudstate.edu
Web:
www.stcloudstate.edu/scsu4u/pseo
Phone:
877-654-SCSU (7278)



ST. CLOUD STATE UNIVERSITY

TTY: 1-800-627-3529SCSU is an affirmative action/equal opportunity educator and employer. This material can be made available in an alternative format. Contact the sponsoring department. St. Cloud State University values diversity of all kinds, including but not limited to race, religion and ethnicity (full statement at bulletin.StCloudState.edu/ugb/generalinfo/nondiscrimination.html).
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