**PSEO PROGRAM – BALANCE SHEET**

**Application Deadline Dates:** Fall, June 1 – Spring, December 1

1. **To be completed by the High School Counselor.**
2. PSEO Students are *not* allowed to live in on-campus housing.
3. PSEO forms may now be faxed, mailed, or emailed to our office.
4. All materials must be postmarked or received by the Deadline date to be considered – no exceptions.
5. Please complete all sections of this form, remembering to sign and date at the bottom.
6. The combined number of student’s classes at high school and at UMD may equal, but not exceed, the total number of classes required at the high school.
7. It is the high school’s responsibility to ensure that the student does not exceed the high school’s full time class limit.

**Application for Term:** □ Fall 20____ □ Spring 20_____  
- Applicants MUST be either a current Minnesota 11th or 12th grade student when the term begins to be eligible for admission to the PSEO program.  
- Students who have completed the 12th grade before the term begins are not eligible for this program.

**STUDENT INFORMATION**

Name: ____________________________________________________________

Grade when term begins:  Junior □  Senior □  Student will attend □ Part time □ Full time

Applicant’s Cumulative GPA ________ (Minimum required GPA: Juniors = 3.5, Senior = 3.0)

High School Graduation Date: __________________________

**ACT Test Scores:**

ACT Math________

ACT Composite__________  

*(Students who have not taken the ACT test should submit a copy of the ACT test scores when they are available)*

**HIGH SCHOOL INFORMATION:** High School Name: ____________________________________________________________

Type of School Calendar: □ Quarter  □ Semester □ Trimester □ Other: ________

Type of Schedule:  □ 6 Hour □ 7 Hour □ Block □ Other: ________

**PLEASE LIST ONLY COURSES THAT ARE NEEDED AFTER THE CURRENT TERM’s COURSES HAVE BEEN COMPLETED EVEN IF THE COURSES ARE IN PROGRESS WHEN YOU FILL OUT THIS FORM.**

<table>
<thead>
<tr>
<th>Courses Still Needed to graduate</th>
<th>High School Credits</th>
<th>UMD Credits (office use only)</th>
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Counselor’s Signature: ____________________________  Date: __________________________

Counselor’s Email: ____________________________  Counselor’s Phone Number: ____________________________

High School: ____________________________________________