# ST. CLOUD STATE UNIVERSITY

**High School Student Application**

This form must be completed each semester by students who have not yet graduated from high school. Tuition and fees are the student's responsibility. This application does not apply to nor guarantee acceptance to the Postsecondary Enrollment Options (PSEO) or Senior to Sophomore (S2S) Programs. Upon admission, students may enroll in only one class per semester or two classes per summer term. Students with a strong postsecondary record taught by postsecondary faculty may register for up to three courses per summer term. Students should be in the upper 50% of their high school class and entering/currently in their senior year of high school. Students that do not fit these criteria must obtain an additional approval/signature at the bottom of this form.

_____  _____

**Full Legal Name:** Last, First Middle                **Date of Birth:** MM/DD/YYYY

_____      _____

**SCSU TechID** (if you have one)                **Social Security Number** (optional)

_____

**Home Address:** Street Address          City          StateZip

_____      _____

**Student's Email Address**                **Student's Phone Number**

_____      _____

**Name of High School/Home School**          **High School Graduation Month/Year**

**When do you plan to take courses?**  ☐ Fall ☐ Spring ☐ Summer   Year _____

**Do you have previous postsecondary coursework?** ☐ No ☐ Yes  Institution: _____

**If yes, please tell us how you completed this coursework** (S2S, CIS, PSEO): _____

**Courses planned** (Dept & Course #): _____

_____

**Reasons for enrolling in these courses**: _____

_____

_____      _____

**Student Signature & Date**                **Parent/Guardian Signature & Date**

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## TO BE COMPLETED BY HIGH SCHOOL OFFICIAL (REQUIRED)

☐ Applicant ranks _____ (from top) in a class of _____ students.

☐ High school does not rank, but the student has a _____ cum. GPA with the following standardized test scores supporting that the

student will be successful in college level coursework: _____

**Name of certifying official**: _____  **Title:** _____

**Signature:** _____  **Date:** _____

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## SCSU Office Use Only
**NOTE: If you are NOT a high school senior, we also need the following signature.**

☐ Approved
☐ Denied          _____      _____
                  Concurrent Enrollment Director Signature                Date

Completed forms should be sent via email or mail to the addresses below.

Postsecondary Enrollment Options | St. Cloud State University | 720 Fourth Avenue South, AS103, St. Cloud, MN 56301

T: 320-308-5758 | E: pseo@stcloudstate.edu