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)
PSEO grades will affect your high school GPA and be part of your permanent academic record.
Seniors with high school GPA between 3.0 and 3.3 should consider part time, at least for their first semester.

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: ______

Courses needed to graduate after this current semester is completed successfully.

<table>
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<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: ________________________________________________