

NOTE: Complete a separate form for each instructional term, and for each postsecondary institution attending (please print & use black ink)

TO BE COMPLETED BY THE STUDENT	Student Name (Last, First, M.I.)		Date of Birth	Social Security Number *		
	Address		City	Zip Code	Telephone Number () -	
	Parent/Guardian Name		Address (if different than above)			
	Name the Postsecondary Institution you plan to attend this term:					
	Do you plan to attend more than one Postsecondary Institution this year?		Name the other Postsecondary Institution(s):			
	Have you ever enrolled in program before now?		Name of Postsecondary Institution(s) attended:		Dates last attended:	
	Minn. Stat. § 124D.09 requires that students and parents/guardians sign a statement indicating they have received information about the program, are aware that the counseling services are available and are aware of their responsibilities regarding participating in the program. We have received the information required under Minn. Stat. § 124D.09 and are aware that the above student is enrolling in postsecondary courses.					
	Signature - Parent/Guardian (if student under 18)		Signature - Student		Date	

* **NOTE:** Although you are not required to provide your social security number, failure to do so may lead to student misidentification, resulting in improper processing of program information and/or delay in payment of fees.

TO BE COMPLETED BY THE SECONDARY SCHOOL	Name of Secondary School Attending		School Classification (check one only): <input type="checkbox"/> Public <input type="checkbox"/> Nonpublic <input type="checkbox"/> Home		Name of School District of Attendance		District Type & Number		
	Name of District of Student Residence (if other than above)				District Type & Number		MARSS Student Number (Public Students Only)		
	Is the above student eligible for program application: <input type="checkbox"/> YES <input type="checkbox"/> NO					IF NOT ELIGIBLE, RETURN FORM TO STUDENT DO NOT CONTINUE PROCESSING			
	During Period of Attendance at Postsecondary Institution (respond to both items):								
	1. Will student be 21 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO			2. Student's Secondary grade level will be: <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12					
	Total WEEKLY clock hours (excluding lunch periods) that the student's secondary school is in session: _____ Clock Hours				Estimated WEEKLY clock hours (excluding study halls) that the above student will be enrolled in SECONDARY courses for credit: _____ Clock Hours				
SECONDARY SCHOOL VERIFICATION		I certify that the student identified in Section 1 is eligible to enroll in the Post Secondary Enrollment Options (PSEO) Program this term, that the information in this Section is accurate and applicable to the student, and that the student, if twenty-one years of age or older, is enrolled in this district under the Graduation Incentives Program. If the above named school is a nonpublic school, student tuition shall be proportionally adjusted to reflect the above clock hours of postsecondary attendance.							
Secondary School Contact Person			Title		Telephone Number		Date		

TO BE COMPLETED BY THE POSTSECONDARY INSTITUTION	Name and City of Postsecondary Institution				Term of Planned Attendance (check one only): <input type="checkbox"/> Qtr 1 <input type="checkbox"/> Qtr 2 <input type="checkbox"/> Qtr 3 <input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2			
	Postsecondary Institution Contact Person		Title		Telephone Number () -		FAX Number () -	
	COURSES TAKEN FOR SECONDARY CREDIT		COURSE NUMBER	COURSE CREDITS	POSTSECONDARY REGISTRATION VERIFICATION I certify that the student indicated in Section 1 above is registered this term for the courses indicated, that all courses indicated are non-sectarian in content, are not remedial or developmental, and, that the student has indicated to me that the courses are to be taken for secondary credit. _____ Signature _____ Title _____ Date			
	1							
	2							
	3							
4								
5								
6								

Upon completion of section 3, a **LEGIBLE** copy of this form must be mailed within 10 days to the Minnesota Department of Children, Families and Learning at the above address. Additionally, copies must be returned to the student indicated in section 1 and the secondary school of attendance indicated in section 2.