Post-Secondary Enrollment Options Application Instructions

Please read and follow directions carefully. Incomplete applications will be returned.

Step 1: Students: Complete the Applicant Information portion (Section 1) of the application.

Step 2: Parents/guardians: Complete the Parent/Guardian Support and Acknowledgement portion (Section 2) of the application.

Step 3: **High school students**: Visit your high school counselor/contact to complete the High School / Home School portion (Section 3) of the PSEO application as well as section 2 of the Minnesota Department of Education PSEO Notice of Student Registration Form. **Home schooled students**: Bring the application to your home school contact (usually a parent) to complete the High School / Home School portion (Section 3) of the application, as well as Section 2 of the Minnesota Department of Education PSEO Notice of Student Registration Form. You do not need a signature from your district public high school.

**PLEASE BRING ALL PSEO APPLICATION MATERIALS WITH YOU TO YOUR NEW STUDENT ASSESSMENT TESTING APPOINTMENT, AS INDICATED IN STEP 4. PLEASE DO NOT SUBMIT PRIOR TO TESTING.** Students applying for Technical Programs or courses, who meet the admission requirements, will be accepted after October 1st for Spring semester and February 1st for Fall semester on a space available basis.

Step 4: Schedule an appointment for the New Student Assessment Test by contacting your intended campus of enrollment and asking for a testing appointment. This assessment will assist us in determining your readiness for college classes, so be well rested and ready to test. For practice tests and FAQ’s, go to: www.ridgewater.edu. Click on Admissions, then New Student Assessment.

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<th>Willmar Campus</th>
<th>Hutchinson Campus</th>
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<tr>
<td></td>
<td>(320) 222-5564</td>
<td>(320) 234-8593</td>
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<td>1-800-722-1151</td>
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Step 5: When you arrive for your scheduled assessment, you must have the following materials:

1. A completed PSEO Application
2. A high school transcript (home schooled students may be exempt)
3. Photo ID

**Note:** If you do not have the above materials completed, you will not be allowed to sit for the assessment and will be asked to reschedule.

Step 6: After submission of all application materials, you will receive written notification of the admission decision. Application materials must be received by the deadline. Please consider sufficient time for scheduling assessment testing and meeting with High school counselors. If you have questions, please contact:

Sally Kerfeld  
Director of Admissions  
(320) 222-5977 or 1-800-722-1151
Ridgewater College
Post-Secondary Enrollment Options Application for Admission

Section 1: Application Information (To be filled out by Student)

Personal Information
Print Full Legal Name

Last First Middle Initial

Social Security Number* ___________ - ___________ - ___________ Date of Birth ___________

Many colleges/universities use Social Security numbers for student identification purposes on student records. Providing your Social Security number is voluntary. If you do not provide this number, your application will still be processed. This data is requested for purposes of administration, program evaluation and consumer and alumni data. Your number also may be used to create summary information about system programs through data matches with other state agencies.

Permanent Address

Number and Street

City State Zip County

Home Phone: ( ) ____________________ Cell Phone: ( ) ____________________

E-mail Address ____________________

High School Currently Attending ____________________

HS Graduation Year ___________ Status at Time of Enrollment: Junior ___________ Senior ___________

Are you a resident of Minnesota? □ Yes □ No

* If yes, how long? ______ years ______ months *If no, what state are you a resident of? ____________________

Are you a U.S. citizen? □ Yes □ No

* If not, type of visa: ____________________

(Non-immigrants must complete a separate application form)

Academic Data

Ridgewater College campus you are applying to: □ Hutchinson □ Willmar

□ I plan to take General Education courses to use towards my High School graduation requirements.

□ I plan to take Technical courses to use as electives towards my High School graduation requirements,
(example: Welding, Sales and Marketing, and Cosmetology, Auto Body, etc.)

Please indicate which technical program you are applying to: ____________________

You must contact the Admissions Office if you are registering for only an EMT or CNA class.

Indicate Start Term and Year: □ Fall □ Spring Year ___________

Do you plan to attend: □ Full time? (12 or more college credits) □ Part time? (fewer than 12 college credits)

If known, name of Post-Secondary Institutions you may plan to attend after high school graduation:
1. ____________________ 2. ____________________ 3. ____________________

What is your current educational intent at this institution?

□ Complete courses, but not a degree □ Earn associate (two-year) degree

□ Earn occupational certificate/diploma □ Complete courses and transfer without a degree

□ Earn associate (two-year) degree and transfer
Request for Confidential Information

Providing the following information is voluntary. This information will assist Minnesota State Colleges and Universities in evaluating student recruitment and retention policies; it will not be used as a basis for admission.

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 Alaskan Native-(A person having origins in any of the original peoples of North, Central or South America and 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)

What is the highest level of education for your parent(s)/guardian(s)?
Please respond for the parent(s), step-parent(s), adoptive parent(s) or guardian(s) who raised you. Check only one box for each parent/guardian.

Parent/Guardian #1

□ No high school diploma □ High school diploma □ Some college □ Two-year college degree/diploma □ Bachelor’s degree or higher □ Not sure/don’t know

Parent/Guardian #2

□ No high school diploma □ High school diploma □ Some college □ Two-year college degree/diploma □ Bachelor’s degree or higher □ Not sure/don’t know

Voluntary Release of Information

Parental Information Release:
I authorize Ridgewater College to provide my parents/guardians with information related to my progress at Ridgewater College. Note: The Parental Release is not required for consideration in the PSEO program.

___________________________________________________ __________________________
Signature of Student Date

Section 2: Parent/Guardian Support and Acknowledgement

(To be filled out by Parent / Guardian)

Parent / Guardian Support:
I understand and support my child’s participation in the Post-Secondary Enrollment Options program. As parents or guardians, we assume the responsibility for transportation and liability to and from the college. We are also aware that there will be social and academic differences from the high school setting.

By my signature below, I acknowledge that I am informed that the college cannot release to me private data from my child’s education records unless he/she has voluntarily signed a release (such as the statement listed above) or such disclosure is authorized by law.

___________________________________________________ __________________________
Signature of Parent / Guardian Date
Section 3: High School / Home School Information (to be filled out by school contact)

Name of Secondary School ____________________________ District Number ____________________________

School Classification  □ Public  □ Nonpublic  □ Home

Class Rank: ________ out of _________  Students Grade Level will be:  □ Junior  □ Senior

Please indicate what type of yearly schedule your high school currently uses:

☐ Quarters  ☐ Semesters  ☐ Trimesters  ☐ Home School

This student does __________ does not ______________ receive special education services at the high school.

________________________________________ High school / Home school credit is equal to __________________________ college credits.

<table>
<thead>
<tr>
<th>High School/Home School Courses Student Needs to Graduate</th>
<th>Amount of College Credit</th>
<th>Plans to take courses at: HS</th>
<th>PSEO</th>
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Additional Notes/Information:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Signature of Secondary School Contact Person ____________________________ Date ____________________________

Title ____________________________ Phone ____________________________
**Note**: The college is asking you to provide information that includes private and/or confidential information under state and federal law. The college is asking for this information in order to process your application. You are not legally required to provide the information the college is requesting; however, the college may not be able to effectively process your application if you do not provide sufficient information. With some exceptions, unless you consent to further release of private information, access to this information will be limited to school officials, including faculty who have legitimate educational interest in the information. Under certain circumstances, federal and state laws authorize release of private information without your consent:

- To other schools in which you seek or intend to enroll, or are enrolled, if you are first notified of the release
- To federal, state, or local officials for purposes of program compliance, audit or evaluation
- If the information is sought with a subpoena, court order, or otherwise permitted by other state or federal law
- To an organization engaged in education research or an accrediting agency

Minnesota State Colleges and Universities abide by the provisions of Title IX and other federal and state laws forbidding discrimination on the basis of sex, race, color, national origin, or handicap and all other state and federal laws regarding equal opportunity. This document can be made available in alternate formats, such as large print or cassette tape, upon request by calling (800) 722-1151 or through the Minnesota Relay Service at (800) 627-3529.

**Notice to Students Regarding Possible Impact of Criminal Records**: If you have been arrested, charged or convicted of any criminal offense, you should investigate the impact that the arrest, charge or conviction may have on your chances of employment in the field you intend to study or on your chances to obtain federal, state, and other higher education financial aid.
What is Post–Secondary Enrollment Options?

Post-Secondary Enrollment Options (PSEO) is a program that offers high school juniors and seniors the opportunity to take college-level courses. The credits earned can apply towards both high school graduation and college degree requirements. This program was created to provide rigorous academic challenges to qualified students. District dollars cover the cost of tuition, fees and required books.

Note: The PSEO program does not pay for developmental courses (those numbered below 100), test outs, transportation, food, uniforms, tools and special fees.

What should students consider before applying?

Attending college is an important life decision and should be considered carefully. PSEO students are afforded the same rights and responsibilities as all college students, and must be able to:

- Take full responsibility for managing time and assignments
- Make room for more study time outside of class, with fewer instructions on how and what to study
- Handle multiple deadlines without reminders
- Take initiative to seek help when needed

Students who try to work more than 20 hours per week tend to have great difficulty keeping up with the faster pace of college. In fact, students can expect to spend two hours outside of class in preparation for every one hour of classroom lecture. Social maturity is also important in working with older students and in handling the academic challenge of college.

What are the eligibility requirements?

PSEO is available to juniors and seniors enrolled through any Minnesota public school, home school or alternative learning center who present evidence of the ability to perform college work. Such evidence includes the following:

- for juniors, class rank in the upper one-third of their class or have a 3.0 GPA
- for seniors, class rank in the upper one-half of their class or have a 2.5 GPA

How do I apply?

The PSEO application materials are included in this packet. Please read over the packet carefully and follow all instructions. You will need signatures of high school personnel and parents, so plan ahead and apply early. Doing this will ensure a timely consideration of your application.
NOTE: Complete a separate form for each instructional term, and for each postsecondary institution attending (please print & use black ink).

ALL BOXES MUST BE COMPLETED

<table>
<thead>
<tr>
<th>1</th>
<th>Student Name (Last, First, M.I.)</th>
<th>Date of Birth</th>
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<tbody>
<tr>
<td></td>
<td>Address</td>
<td>City</td>
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<tr>
<td></td>
<td>Zip Code</td>
<td>Telephone Number</td>
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</tbody>
</table>

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?  NO  YES  If YES, name the other Postsecondary Institution(s):

Have you ever enrolled in PSEO program before now?  NO  YES  If YES, 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  Date

<table>
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<tr>
<th>2</th>
<th>Name of Secondary/Home School Attending</th>
<th>School Classification (check one only):</th>
<th>Name of School District of Attendance</th>
<th>District Type &amp; Number</th>
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<td>Public  Nonpublic  Home</td>
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Name of District of Student (if not living in district of attendance)  District Type & Number  MARSS Student Number (Public Students Only)

Is the above student eligible for program application?  YES  NO  IF NOT ELIGIBLE, RETURN FORM TO STUDENT DO NOT CONTINUE PROCESSING

During Period of Attendance at Postsecondary Institution

Students' Secondary grade level will be:  Grade 11  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  Clock Hours

enrolled in SECONDARY courses for credit.

SECONDARY/PRIVATE/HOME SCHOOL VERIFICATION

I certify that the student identified in Section 1 is eligible to enroll in the Postsecondary Enrollment Options (PSEO) Program this term, that the information in this Section is accurate and applicable to the student, student is eligible for two semesters in grade 11 and 2 semesters in grade 12. 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

<table>
<thead>
<tr>
<th>3</th>
<th>Name and City of Postsecondary Institution</th>
<th>College Student ID Number</th>
<th>Term of Planned Attendance (check one only):</th>
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<td>Qtr 1  Qtr 2  Qtr 3  Sem 1  Sem 2</td>
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Postsecondary Institution Contact Person  Title

TelephoneNumber  Fax Number

COURSES TAKEN FOR SECONDARY CREDIT

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Credits</th>
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POSTSECONDARY REGISTRATION VERIFICATION

I certify that the student indicated in Section 1 above is registered 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  Date

Title  Date

Upon completion of Section 3, a LEGIBLE copy of this form must be mailed within 10 days by the postsecondary institution to the Minnesota Department of Education 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.