



Post-Secondary Enrollment Options Program Application Form

Please indicate where you will be taking classes:

- PSEO On Campus
- PSEO Online (must submit part 2)

Required Information Checklist

Use the following checklist to ensure that your PSEO application is complete. You must provide:

- This form, signed by you or your application will not be processed.
- A current, official high school transcript. We will not accept faxed transcripts.
- A Post-Secondary Notice of Student Registration Form (PSEO Form)** signed by you, your parent or guardian if you are under 18, and your high school counselor
- Submit a transcript of any college coursework you have completed or have in progress outside the University of Minnesota.

Part I

Personal Information

Last Name _____ First Name _____ Middle Name _____

Sex (check one): Male Female

Date of Birth ____/____/____

Street Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ - _____ E-mail Address _____

Parent or Guardian's Name _____

Address, if different than student's _____

Have you ever applied to, or attended any campus of the University of Minnesota (e.g., Crookston, Duluth, Morris, Twin Cities)?

- Yes No If YES, University ID number (if known) _____

Registration Plans

During which semester do you plan to enroll? Fall (August) OR Spring (January) Year _____

Are you requesting admission for part-time or full-time status? Part-time OR Full-time

High School Information

Name of School _____ Type: Public Private Home Graduation Year _____

High School Address _____ City _____ State _____ Zip _____

High School Counselor Signature _____ Counselor's Phone Number (____) _____ - _____

Required Residency Information - Your application cannot be processed without the following information. Please answer all of the questions.

How long have you lived in the United States? _____ Type of Visa (if applicable) _____

Are you a United States citizen? Yes No If NO, specify country _____

Is English your native language? Yes No If NO, have you taken the TOEFL*? Yes No

**If you have taken the TOEFL, please include a copy of your test scores with your application.*

Part 2 to be submitted by PSEO Online Students ONLY

Facilitator Information (Applies to PSEO Online Students Only)

Facilitator's Name _____ Facilitator's e-mail _____

Facilitator's Phone Number (____) _____ - _____

Register for classes by completing the information requested below. Include second-choice classes in case your first choices have closed.

First Choice

Course subject, number, section (Arts 1101-001)	5-digit class number	Credits	Grade basis A-F or S/N	Permission number (if required)

Second Choice

Course subject, number, section (Arts 1101-001)	5-digit class number	Credits	Grade basis A-F or S/N	Permission number (if required)

Access to Your File (Please read carefully)

Privacy Statement

The University of Minnesota complies with federal and state laws and regulations. Your information, including your admission status and grades, will NOT be shared with anyone aside from your high school, including parents and guardians, unless you give written consent. If you want the University to disclose or discuss your information with someone other than yourself (e.g., your parents), you MUST complete the information below. You have the right to inspect your own file. Unless required by federal or state law, no one else may review your file without your written consent. Please note: Our office will not release grade information or application decisions over the phone or via e-mail to anyone, including students.

Access to Your File

I hereby authorize the University of Minnesota, Crookston (UMC) to release information in my file to the following person(s):

Name of person(s): _____

Relationship to me: _____

Address: _____

Applicant Signature (Required to complete application)

The information contained within this application is true to the best of my knowledge. I understand that misrepresentation or fraudulent information may be grounds for denial of admission or dismissal from the PSEO Program. In addition, I acknowledge that I am solely responsible for ensuring that this application is complete and arrives on or before the applicable postmark deadline, even if I entrust someone else, including representatives of my high school, to submit all or part of this application.

Signature _____ Date _____

Area(s) of Academic Interest or Possible Field of Study (check appropriate box)

- | | | |
|--|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Business Management
__ Business Aviation
__ Entrepreneurship & Small Business Mgmt
__ Management | <input type="checkbox"/> Hotel, Restaurant & Institutional Mgmt
__ Food Service Administration
__ Hotel and Restaurant Management
__ Resort and Spa Management |
| <input type="checkbox"/> Agricultural Business | <input type="checkbox"/> Communication | <input type="checkbox"/> Information Technology Management |
| <input type="checkbox"/> Agricultural Education
__ Agricultural Science & Technology Education
__ Natural & Managed Environmental Education | <input type="checkbox"/> Computer Software Technology | <input type="checkbox"/> Manufacturing Management (B.M.M.) |
| <input type="checkbox"/> Agricultural Systems Management
__ Bio-fuels and Renewable Energy Technology
__ Farm and Ranch Management
__ Power and Machinery
__ Precision Agriculture | <input type="checkbox"/> Criminal Justice
__ Corrections
__ Law Enforcement | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Agronomy
__ Agronomic Science
__ Crop Production | <input type="checkbox"/> Early Childhood Education
__ Primary Education
__ Program Management | <input type="checkbox"/> Natural Resources
__ Natural Resources Law Enforcement
__ Natural Resources Management
__ Park Management
__ Water Resource Management
__ Wildlife Management |
| <input type="checkbox"/> Animal Science
__ Pre-Veterinary Medicine | <input type="checkbox"/> Equine Science
__ Pre-Veterinary Medicine | <input type="checkbox"/> Organizational Psychology |
| <input type="checkbox"/> Applied Health (B.A.H.) | <input type="checkbox"/> Golf and Turf Management | <input type="checkbox"/> Quality Management (B.M.M.) |
| <input type="checkbox"/> Applied Studies
__ Respiratory Care | <input type="checkbox"/> Health Management | <input type="checkbox"/> Sport and Recreation Management |
| <input type="checkbox"/> Aviation
__ Agricultural Aviation
__ Business Aviation
__ Law Enforcement Aviation
__ Natural Resources Aviation | <input type="checkbox"/> Health Sciences (Pre-Professional) | <input type="checkbox"/> Undeclared |
| <input type="checkbox"/> Biology | <input type="checkbox"/> Horticulture
__ Environmental Landscaping
__ Production Horticulture
__ Urban Forestry | |



Call toll-free **1-800-UMC-MINN** (862-6466)
Learn more at **www.UMCrookston.edu**

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