This form is to be filled out by high school counselors for students who are applying to the PSEO Program at the University of Minnesota-Twin Cities. Please complete all sections of this form and instruct the student to submit this completed form with his or her complete application.

### Student Information

Name: 
Graduation Date: 

### High School Information

- **School Name:** 
- **Type of School Calendar:**
  - [ ] Quarter
  - [ ] Semester
  - [ ] Trimester
  - [ ] Other: 
- **Type of Schedule:**
  - [ ] 6 Hour
  - [ ] 7 Hour
  - [ ] Block
  - [ ] Other: 
- **Coursework offered which this student has been eligible to take to this point:**
  - [ ] AP
  - [ ] IB
  - [ ] CIS
  - [ ] Advanced
  - [ ] Enriched
  - [ ] CP
  - [ ] Honors
- **Has this student been taking the most rigorous courses for which s/he has been eligible up to this point?**
  - [ ] Yes
  - [ ] No

**Comments:**

### Remaining High School Requirements

- Remaining graduation requirements assuming successful completion of current term: 
- **HS Credits:** 
- **College Credits:** 

Counselor Name (Please Print): 
Phone: 

Counselor Email Address: 
Fax: 

Counselor Signature: 
Date: 

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