Post-Secondary Enrollment Options Program
Credit Balance Sheet

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 Rochester. Please complete all sections of this form and instruct the student to submit this completed form with his or her complete application.

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**Student Information**

Name: ____________________________________________________  Graduation Date: _______

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**High School Information**

High School Name: ______________________________________________________________________________

Type of School Calendar:  □ Quarter  □ Semester  □ Trimester  □ Other: ___________

Type of Schedule:  □ 6 Hour  □ 7 Hour  □ Block  □ Other: ___________

Coursework Offered:  □ AP  □ IB  □ CIS  □ Advanced  □ Enriched  □ CP  □ Honors

*This question is intended to help the Scholastic Committee assess the rigor of courses available to the student and does not impact the student’s admissibility:*

In your opinion, has this student exhausted the academic options available in your school?  □ Yes  □ No

Comments:

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**Remaining High School Requirements**

Remaining graduation requirements assuming successful completion of current term:  

HS Credits:

_____________________________________________________________________________ ____________
_____________________________________________________________________________ ____________
_____________________________________________________________________________ ____________
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**Counselor’s Information**

Counselor Name (Please Print): _________________________________________  Phone: ________________________

Counselor Signature: _________________________  Date: ________________________