



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.

Student Information

Name: _____ Graduation Date: _____

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:

Remaining High School Requirements

Remaining graduation requirements assuming successful completion of current term:

HS Credits:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Counselor's Information

Counselor Name (Please Print): _____ Phone: _____

Counselor Signature: _____ Date: _____