

# St. Cloud Technical and Community College PSEO Graduation Plan

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

E-mail Address \_\_\_\_\_ Phone# \_\_\_\_\_ High School \_\_\_\_\_

Do you receive special services or have an IEP in High School? \_\_\_\_\_

**Planning for Success** - Please state your career goal (what kind of job do you want some day?) \_\_\_\_\_

Program Choice \_\_\_\_\_ Diploma \_\_\_ AAS \_\_\_ Transfer of General Ed \_\_\_\_\_

**Circle Start Date:**      **Fall or Spring**      **Full or Part Time**      **Will you be a Junior or Senior?**

**High School Requirements fulfilled by SCTCC Courses** (High school counselor completes)

Will any SCTCC classes be used for high school credits? (Circle one)    Yes    or    No

If yes, which SCTCC class does this student need to complete to fulfill his/her graduation requirement?

**High School Requirement**

**SCTCC Class**


*(Please attach additional forms if space is needed)*

**High School Counselor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Comments & Signature** (required if under 18yrs old)

*I am aware of my son/daughter's plan to attend St Cloud Technical & Community College. I agree to pay for fines incurred at SCTCC by my son/daughter and for non- returned books in accordance with PSEO policies.*

**Parent signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PSEO Advisor will discuss the items below after testing; this form must be returned or brought with prior to testing.**

Accuplacer	Gen Studies Requirement	Gen Ed Requirement	Your Score	Retest Score
Reading Comp	62	78		
Arithmetic	By Major	By Major		
Elementary Algebra		By Course		

\_\_\_\_\_ You will be recommended for Admission to SCTCC    \_\_\_\_\_ Schedule a retest 2 weeks from now (see form)

\_\_\_\_\_ You are not eligible for Admission using the PSEO program at this time as PSEO does not pay for Readiness Classes

**Student Responsibilities & Deadlines** (student completes)

- Read/Follow PSEO Checklist

Return this plan 10 days from today or 5 days following retest \_\_\_\_\_ (If plan is not returned by the date, your application maybe cancelled)

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Recommended Plan of Action** (SCTCC advisor completes) \_\_\_\_\_

**SCTCC Advisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_