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?

<table>
<thead>
<tr>
<th>High School Requirement</th>
<th>SCTCC Class</th>
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(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.

<table>
<thead>
<tr>
<th>Accuplacer</th>
<th>Gen Studies Requirement</th>
<th>Gen Ed Requirement</th>
<th>Your Score</th>
<th>Retest Score</th>
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<tbody>
<tr>
<td>Reading Comp</td>
<td>62</td>
<td>78</td>
<td></td>
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<tr>
<td>Arithmetic</td>
<td>By Major</td>
<td>By Major</td>
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<tr>
<td>Elementary Algebra</td>
<td>By Course</td>
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_____ 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 may be cancelled)

Student Signature ________________________________  Date ________________________________

Recommended Plan of Action (SCTCC advisor completes)

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

SCTCC Advisor Signature ________________________________  Date ________________________________

St. Cloud Technical & Community College is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools. St. Cloud Technical & Community College is a member of the Minnesota State Colleges and Universities system. ADA Accessible Facility Affirmative Action/Equal Opportunity Educator and Employer.