SCTCC PSEO Graduation Plan

Name: ______________________________             Grade (when starting PSEO): ___________________
E-mail: _________________________   Phone#: __________________ High School: ________________

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

Have you received other college credits? (AP, CLEP, CIS, etc.) __________________________________

Planning Ahead—Do you have a career goal or college major in mind? If no, write Undecided

_____________________________________________________________________________________

Program Choice: ______________________________             AA ____ Diploma ____    AAS ____

PSEO Start Date:   Fall or Spring   Full Time (12+ credits) or Part Time: Full Time or Part Time

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

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

If yes, which SCTCC course(s) does this student need to complete to fulfill graduation requirements?

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<th>High School Requirement</th>
<th>SCTCC Course</th>
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(Please attach additional forms if space is needed)

High School Counselor Signature: ______________________________ Date: ________________

This form is to be submitted with all other PSEO application materials OR brought to the PSEO Advising & Registration Day to help with the selection of courses. More information regarding Accuplacer placement testing, eOrientation, and the PSEO Advising & Registration Day will be sent out in checklists and letters via mail. For questions, please contact the PSEO Coordinator, Molly McAlister, at molly.mcalister@sctcc.edu or (320) 308-6022.

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