### Post-secondary Enrollment Option (PSEO) APPLICATION FOR ADMISSION

Earn a marketable degree by the time you graduate from high school. More information at **WWW.DCTC.EDU/PSEO**.



A member of Minnesota State

DCTC.EDU • 1300 145TH ST. E, ROSEMOUNT, MN 55068 ADMISSIONS@DCTC.EDU • 651-423-8000 • FAX: 651-423-8779

#### **APPLICATION DEADLINE:**

# PSEO ADMISSIONS CHECKLIST

GENERAL PSEO ADMISSIONS REQUIREMENTS

June 1: Priority deadline for fall semester
July 1: Deadline for fall semester
December 1: Deadline for spring semester

Admission our PSEO and academic programs operates on a first come first served basis. Applicants must complete all of the following admissions steps by the deadline to be eligible for admission. Per state statute, PSEO students may not take the place of a traditional student. Placement into high demand programs is not guaranteed. PSEO students will only be considered for a program once they have completed both the PSEO and the program admissions requirements, been accepted to the college, only after the waitlist has been exhausted.

	<b>Notify your school district.</b> Public school students must notify their district in writing if they are considering participating in PSEO by May 30.
	Submit the PSEO application. Complete the online or paper application and submit. Apply online at dctc.edu/applynow.
	Submit high school transcripts. Transcripts must be from the same high school that is listed on the Notice of Registration.
	Submit the Notice of Registration. Notice of Registration form must be for the correct school year.
	Submit the PSEO Contract. All items on the contract must be initialed and signed by both the PSEO student and a parent.
	<b>Take the Accuplacer test.</b> The Accuplacer test assesses reading comprehension and math skills. Results of the test will be used for course recommendation and placement. For a testing schedule, call 651-423-8000 or visit <b>dctc.edu/accuplacer</b> .
	<b>Meet grade appropriate qualifications.</b> The State of Minnesota has provided multiple ways to qualify for PSEO based on a student's grade level. Visit <b>dctc.edu/pseo</b> for a list of ways to qualify.
	Submit immunization records. Only required for homeschool students.
ADE	DITIONAL ADMISSIONS REQUIREMENTS FOR TECHNICAL PROGRAMS
	<b>Submit the high demand program form.</b> Talk with a high school guidance counselor about your high school graduation requirements.
	Complete program specific requirements. Please visit dctc.edu/admissions for additional requirements.
	<b>Complete a traditional student application.</b> Start date should be listed for the first semester after high school graduation. This ensures students are able to start the program of their choice at the earliest availability if unable to start as a PSEO student.
OP1	TIONAL DOCUMENTS TO SUBMIT
	<b>Authorization to Release Data.</b> When a student enters a postsecondary institution at any age the data privacy rights provided by FERPA to parents transfer to the student. DCTC will not talk to any parent of a PSEO student without the PSEO student completing this form in person at the Enrollment services desk.
	<b>PSEO Advising Form.</b> This form is meant to help students work with their high school to make a plan for which classes they will be taking as a PSEO student. Visit <b>dctc.edu/pseo</b> for a copy of the form.

The Post-Secondary Enrollment Options (PSEO) program was established as a means to "promote rigorous educational pursuits and provide wider variety of options for students." (Minnesota Statute 124D.09) Dakota County Technical College provides opportunities for students to participate in the PSEO program and has established specific criteria/requirements for enrollment into the program.

**Note:** You are not legally required to provide the information the college is requesting on the application; however the college may not be able to effectively process your application if you do not provide sufficient information. With some exceptions, unless you consent to further release of private information, access to this information will be limited to school officials, including faculty who have legitimate educational interests in the information. Under certain circumstances, federal and state laws authorize release of private information without your consent:

- to other schools in which you seek or intend to enroll, if you are first notified of the release;
- to federal, state, or local officials for purposes of program compliance, audit, or evaluation;
- as appropriate in connection with your application for, or receipt of, financial aid;
- · to your parents, if your parents claim you as a dependent student for tax purposes;
- · if the information is sought with a subpoena, court order, or otherwise permitted by other state or federal law, and
- to an institution engaged in educational research of an accrediting agency.

## PSEO APPLICATION FOR ADMISSION



A member of Minnesota State

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June 1: Priority deadline for fall semester July 1: Deadline for fall semester December 1: Deadline for spring semester

PERSONAL INFORMA		PLEASE I	TPE OR PRINT	IN BLACK OR BLUE IN
Full Name (first, middle, last)	HON		Date of I	Birth (MM/DD/YYYY)
Name used in high school records or in	n other educational records and trans	scripts (if different from a	bove)	
Social Security Number	your Social Security number is	e social security numbers for student s voluntary. If you do not provide this dministration, program evaluation a mation about Minnesota State progr	number, your applicat	tion will still be processed. This da
Current Mailing Address	City	State	ZIP	County
Home Telephone	Cell Phone	Email Address		
Are you a resident of Minnesota?  ☐ Yes ☐ No	If yes, how long?  Years Months	If not, what state	are you a resid	ent of?
Are you a U.S. Citizen?	s as 🔲 Resident alien 🗖 Refuge		protected status	s
Anticipated high school graduation da High school attending	te: Month Year Institution Type		□ Online	
Name		City		State
ADMISSIONS INFORM		2th		
Choose your course of study	General Education			
	ram Specific omplete High Demand Program form			
Educational intent at Dakota County T  Take courses  Take courses and transfer to a unive	☐ Earn a certificate	□ Earn an associates deg □ Earn an associates deg		
Semester and year you intend to start	I plan to attend			

Name			City	Ctata	Manth Many	
			City	State	Month/Year	
Name			City	State	Month/Year	
DEMOGRAPHIC	INFOR	MATION				
Providing the following information policies; it will not be used as			nnesota State in evaluating	g student recruitment and	d retention	
Gender ☐ Male ☐ Fema	ale	Are you Hispanic or La	atino? 🗆 Yes 🗖 No			
Race and ethnic background	(select all th	nat apply)				
<ul><li>American Indian or Alaska Native</li><li>Asian</li></ul>		☐ Black or African American☐ Native Hawaiian or Other Pacific Islander		☐ White		
What is the highest level of e	education fo	r your parent(s)/guardia	nn(s)?			
☐ No high school diploma☐ Two-year college degree	_	chool diploma lor's degree or higher	☐ Some college☐ Unknown			
Parent/Guardian #2						
☐ No high school diploma☐ Two-year college degree	_	chool diploma lor's degree or higher	☐ Some college☐ Unknown			
FAMILY EDUCAT	IONAL	RIGHTS AND	PRIVACY ACT	(FERPA)		
information in the records they identifiable information from the these rights under FERPA trans an "eligible student." Although ways in which an institution car	neir children's fer from the s the law does	education records. When tudent's parents to the stu say that the parents' right	a student turns 18 years old dent. Under FERPA, a stude is afforded by FERPA transfe	l or enters a postsecondary nt to whom the rights have	/ institution at any age transferred is known as	
While concerns have been expr agencies and institutions subje parent (at the K-12 level) or the	ct to FERPA	may not have a policy or				
Students and Parents,	please rea	ad and initial indica	ting you understand			
Applicant's Initals  Parent's Initials  I am aware that by applying to the PSEO program, rights under FERPA transfer from the student's parents to the student.						
Applicant's Initals Parent's Initia						
Applicant's Initial Parent's Initial SIGNATURE  All of the information indicate	ed is true a	nd complete to the best	of my knowledge.			
SIGNATURE All of the information indicat	ed is true a	nd complete to the best	of my knowledge.	Date		
SIGNATURE All of the information indicat		·	of my knowledge.	Date		
SIGNATURE  All of the information indicat  Applicant's Signature  Parent/Guardian Signature (if applic	ant is under 18	years of age)	of my knowledge.			
SIGNATURE  All of the information indicate  Applicant's Signature  Parent/Guardian Signature (if applic	ant is under 18	years of age)	of my knowledge.			
SIGNATURE	ant is under 18  PPLICA ed application	years of age)	of my knowledge.			

DCTC abides by the provisions of Title IX, federal legislation forbidding discrimination on the basis of sex, race, color, national origin or handicap and all other state and federal laws regarding equal opportunity. This document is available in alternative formats to individuals with disabilities by calling 651-423-8000 or TTY: 651-423-8621.