DCTC PSEO Advising Form:
Complete with your high school counselor before Orientation. Bring the completed form to Orientation.
You will be unable to register for classes at Orientation without this completed form, and registration will be delayed.

Name (Last, First, Middle) __________________________________________

DCTC Student ID Number: __________ Star ID: ________________ (Email Natalie.Shrestha@dctc.edu if you are not sure)

Cell Phone: _____________________ Home Phone: _____________________

Year in School will you be your first semester in PSEO: 10th 11th 12th Other

High School________________________________________________________

Guidance Counselor__________________________________________________

Counselor Email____________________________________________________

Counselor Phone____________________________________________________

How many classes will you be taking at high school? ______________

What commitments does your PSEO schedule need to work around? (High school classes, co-curricular activities, work, transportation)______________________________________________________________

What type of college classes will you be taking: In-Person/Hybrid Morning Afternoon Night Online

Are you planning on earning a Degree while being a PSEO student? Yes No

What is your goal with PSEO?__________________________________________

What is your intended college majors?___________________________________

What are your plans after PSEO?__________________________________________

Do you need accommodations? Yes No

(We ask this to assist in connecting you with Accessibility Services on the DCTC campus. It is not necessary to have an IEP at the high school to get support services at the college level.)

What other college credit have you earned outside of PSEO at DCTC? (i.e. AP, IB, CLEP, S2S, PSEO at other colleges, etc.) Please list course and college ____________________________________________________________________________________________
__________________________________________________________________________________________

For Office use only:

Date of Orientation attended: ____________________

Credits Registered for: ____________________ Attach schedule from Orientation

Concerns that require follow up assistance: ____________________________________________________________
Placement Test Scores:
To be completed with your high school counselor:

Accuplacer: Reading: _____ Arithmetic: _____ QAS: _____ AAF: ______

Minnesota Comprehensive Assessment: 10th Grade Reading: _____ 11th Grade Math: _____

ACT: Composite: _____ English: _____ Math: _____

Please list High School Requirements left to fulfill:

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<th>Subject</th>
<th>High School Credit Needed</th>
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What classes do you want to take at DCTC?

Visit DCTC’s online course schedule at www.dctc.edu/courses to see available classes/times.

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