



# Mesabi Range

## Community & Technical College COLLEGE APPLICATION

### Personal Data

|                            |        |                     |
|----------------------------|--------|---------------------|
| Name (Last, First, Middle) | E-mail | Date of Application |
|----------------------------|--------|---------------------|

|                        |   |
|------------------------|---|
| Social Security Number | <p>Many colleges use social security numbers for student identification purposes on student records. Providing your social security number is voluntary. If you do not provide this number, your application will still be processed. This data is requested for administrative purposes for the College.</p> |
|------------------------|---|

|  |      |       |          |        |
|--|------|-------|----------|--------|
| Current Mailing Address<br>(House/Apartment Number,<br>Street, P.O. Box/Rural Route) | City | State | Zip Code | County |
|--|------|-------|----------|--------|

|                      |                          |                                   |                      |
|----------------------|--------------------------|-----------------------------------|----------------------|
| Home Phone<br>(    ) | Business Phone<br>(    ) | What state are you a resident of? | Length of residency? |
|----------------------|--------------------------|-----------------------------------|----------------------|

|   |   |
|---|---|
| Are you a U.S. Citizen?<br>Yes      No    If not, type of Visa: | Permanent Resident (if applicable):<br>Refugee                  Student VISA<br>Other |
|---|---|

|   |
|---|
| Name used in high school records or in other educational records and transcripts if different from above (Last, First, Middle): |
|---|

**Admissions Data**

Eveleth Campus - technical program      A.A.S.      Diploma      Certificate  
 Undecided      Name of program:

Virginia Campus - general education courses leading to      Transfer      A.A degree  
 undecided      Possible major:

Indicate semester you plan to begin (year)

Fall \_\_\_\_\_  
 Spring \_\_\_\_\_

Interests/Activities:

Do you plan to attend:  
 Full time (12+ cr)?  
 Part time (11 or less cr)?

Have you attended this college before?  
 Yes                  No

If yes, last date attended:

**Educational Data**

Do you have a high school diploma?  
 Yes                  No

If no, do you have a GED?  
 Yes  
 No

Are you currently in high school?  
 Yes  
 No

High school graduation year:

Are you a high school student planning to take college courses under the Minnesota Post Secondary Enrollment Options Program (PSEOP)?

Yes                  No                  If yes, please contact your high school counselor.

Last high school attended:

City/State:

Graduation Year:

Have you earned college credits from any other post-secondary institution?      Yes                  No

If transferring credits, request official transcripts be sent directly to the Enrollment Services Office.

| Colleges/Universities/<br>Institutions: | City/State: | Dates from/to: | Credits completed: | Diploma/Degree: |
|---|-------------|----------------|--------------------|-----------------|
|   |             |                |                    |                 |
|   |             |                |                    |                 |
|   |             |                |                    |                 |
|   |             |                |                    |                 |

## Request for Confidential Information

What is the highest level of education for your parent(s)/guardian(s)?

Please respond for the parent(s), step-parent(s), adoptive parent(s) or guardian(s) who raised you. Check only one box for each parent/guardian.

Parent/Guardian #1:      No high school diploma      High school diploma      Some college  
Two-year college degree/diploma      Bachelor's degree or higher      Not sure/don't know

Parent/Guardian #2:      No high school diploma      High school diploma      Some college  
Two-year college degree/diploma      Bachelor's degree or higher      Not sure/don't know

Gender:      Male      Female

Are you Hispanic or Latino (a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture, regardless of race)?

Yes      No

Race and ethnic background (select any that apply)

American Indian or Alaska Native - A person having origins in any of the original peoples of North, Central or South America and who maintains tribal affiliation or community attachment.

Asian - A person having origins in any of the original peoples of the Far East, Southeastern Asia or the Indian subcontinent

Black or African American - A person having origins in any of the black racial groups of Africa

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

White - A person having origins in any of the original peoples of Europe, the Middle East or North Africa

I certify that the information I have provided on this application and all other admission materials is complete, accurate and true to the best of my knowledge.

Applicant's signature

Date

# TRANSCRIPT REQUEST

## HIGH SCHOOL/GED TRANSCRIPT RELEASE PERMISSION

*Note to applicant: separate, sign and send or give directly to last high school attended. Your transcript cannot be sent without signed permission.*

I, (student name)

hereby request (last school attended)

School to send a high school transcript, GED records, and/or IEP to:

|   |    |   |                                  |  |
|---|----|---|----------------------------------|--|
| Mesabi Range College<br>Enrollment Office-<br>Virginia Campus<br>1001 Chestnut Street W<br>Virginia MN 55792-<br>3401 | or | Mesabi Range College<br>Enrollment Office-<br>Eveleth Campus<br>P.O. Box 648<br>Eveleth MN 55734-0648 | TRANSCRIPT INFORMATION           |  |
|   |    |   | Name used on school transcript:  |  |
|   |    |   | Year graduated or last attended: |  |
|   |    | Date of birth:  | Social Security Number:          |  |

|  |       |
|--|-------|
| Applicant's signature:                         | Date: |
| Parent's signature (if applicant is under 18): | Date: |

**Note to school personnel:** Send all transcripts and/or IEPs directly to the Enrollment Services Office. Please copy this release and return it with transcript. Keep original release for your records.



PSEO Program  
1500 Highway 36 West  
Roseville, MN 55113-4266

**POSTSECONDARY ENROLLMENT OPTIONS PROGRAM**  
**NOTICE OF STUDENT REGISTRATION**

ED-01763-12

**NOTE:** Complete a separate form for each instructional term, **and** for each postsecondary institution attending (please print & use black ink).

**ALL BOXES MUST BE COMPLETED**

|   |   |                     |  |               |                      |
|---|---|---------------------|--|---------------|----------------------|
| <b>To Be Completed By The Student</b>             | Student Name (Last, First, M.I.)  |                     | <input type="checkbox"/> M <input type="checkbox"/> F  | Date of Birth |                      |
|   | Address   |                     | City   | Zip Code      |                      |
|   | Parent/Guardian Name  |                     | Address (if different than above)                      |               |                      |
|   | Name the Postsecondary Institution you plan to attend this term:  |                     |  |               |                      |
|   | Do you plan to attend more than one Postsecondary Institution this year? <input type="checkbox"/> NO <input type="checkbox"/> YES   |                     | If YES, name the other Postsecondary Institution(s):   |               |                      |
|   | Have you ever enrolled in PSEO program before now? <input type="checkbox"/> NO <input type="checkbox"/> YES   |                     | If YES, name of Postsecondary Institution(s) attended: |               | Dates last attended: |
|   | Minn. Stat. § 124D.09 requires that students and parents/guardians sign a statement indicating they have received information about the program, are aware that the counseling services are available and are aware of their responsibilities regarding participating in the program. We have received the information required under Minn. Stat. § 124D.09 and are aware that the above student is enrolling in postsecondary courses. |                     |  |               |                      |
| Signature – Parent/Guardian (if student under 18) |   | Signature - Student |  | Date          |                      |

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>To Be Completed By The Secondary/Private/Home School</b> | Name of Secondary/Home School Attending   | School Classification (check one only):<br><input type="checkbox"/> Public <input type="checkbox"/> Nonpublic <input type="checkbox"/> Home   | Name of School District of Attendance   | District Type & Number                      |  |
|   | Name of District of Student (if not living in district of attendance)   |   | District Type & Number  | MARSS Student Number (Public Students Only) |  |
|   | Is the above student eligible for program application? (See reverse side for requirements) <input type="checkbox"/> YES <input type="checkbox"/> NO                   |   | <b>IF NOT ELIGIBLE, RETURN FORM TO STUDENT DO NOT CONTINUE PROCESSING</b>   |   |  |
|   | During Period of Attendance at Postsecondary Institution Students' Secondary grade level will be: <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 |   | <b>NOTE: 21 YEAR-OLDS ARE NOT ELIGIBLE</b>  |   |  |
|   | Total WEEKLY clock hours (excluding lunch periods) that the student's secondary school is in session: _____ Clock Hours   |   | Estimated WEEKLY clock hours (excluding study halls) that the above student will be enrolled in SECONDARY courses for credit: _____ Clock Hours |   |  |
| <b>SECONDARY/ PRIVATE/ HOME SCHOOL VERIFICATION</b>         |   | I certify that the student identified in Section 1 is eligible to enroll in the Postsecondary Enrollment Options (PSEO) Program this term, that the information in this Section is accurate and applicable to the student, student is eligible for two semesters in grade 11 and 2 semesters in grade 12. If the above named school is a nonpublic school, student tuition shall be proportionally adjusted to reflect the above clock hours of postsecondary attendance. |   |   |  |
| Secondary School Contact Person                             |   | Title   | Telephone Number  | Date  |  |

|   |  |  |                           |                |  |  |                     |  |
|---|--|--|---------------------------|----------------|--|--|---------------------|--|
| <b>To Be Completed By The Postsecondary Institute</b> | Name and City of Postsecondary Institution |  | College Student ID Number |                | Term of Planned Attendance (check one only):<br><input type="checkbox"/> Qtr 1 <input type="checkbox"/> Qtr 2 <input type="checkbox"/> Qtr 3 <input type="checkbox"/> Sem 1 <input type="checkbox"/> Sem 2   |  |                     |  |
|   | Postsecondary Institution Contact Person   |  | Title                     |                | Telephone Number<br>( ) -  |  | Fax Number<br>( ) - |  |
|   | COURSES TAKEN FOR SECONDARY CREDIT         |  | COURSE NUMBER             | COURSE CREDITS | <b>POSTSECONDARY REGISTRATION VERIFICATION</b><br><br>I certify that the student indicated in Section 1 above is registered this term for the courses indicated, that all courses indicated are non-sectarian in content, are not remedial or developmental, and, that the student has indicated to me that the courses are to be taken for secondary credit.<br><br>_____<br>Signature<br><br>_____<br>Title _____ Date |  |                     |  |
|   | 1  |  |                           |                |  |  |                     |  |
|   | 2  |  |                           |                |  |  |                     |  |
|   | 3  |  |                           |                |  |  |                     |  |
|   | 4  |  |                           |                |  |  |                     |  |
| 5   |  |  |                           |                |  |  |                     |  |
| 6   |  |  |                           |                |  |  |                     |  |

Upon completion of Section 3, a LEGIBLE copy of this form must be mailed within 10 days by the postsecondary institution to the Minnesota Department of Education at the above address. Additionally, copies must be returned to the student indicated in Section 1 and the secondary school of attendance indicated in Section 2.



## POSTSECONDARY ENROLLMENT OPTIONS PROGRAM

### STUDENT ELIGIBILITY - Refer to Minn. Stat. § 124D.09 (2006)

Any public, nonpublic, home school or American Indian-controlled tribal contract or grant student classified as an 11th or 12th grader and accepted by a postsecondary institution, may enroll either full- or part-time in nonsectarian courses or programs at an eligible postsecondary institution. Foreign students participating in cultural exchange programs are not eligible.

- A. A student must be enrolled in school in the eleventh or twelfth grade or if a non-graded alternative secondary program, must be enrolled at a level equivalent to eleventh or twelfth grade.
- B. A student who enters the program:
  - 1) At the **beginning** of the eleventh grade year may continue in the program for the equivalent of two academic high school years, except for state approved Learning Year Programs pursuant to Minn. Stat. § 124D.128, summer sessions not included.
  - 2) At the **beginning** of the twelfth grade year a student may continue in the program for the equivalent of one academic high school year.
  - 3) For purposes of determining PSEO eligibility, a full-time student must give up a class to become eligible. (Refer to Frequently Asked Questions on Minnesota Department of Education website: [\)](http://education.state.mn.us/Accountability/Programs/Program_Finance/Miscellaneous_Revenue/scroll_down_middle_of_page_to_Postsecondary_Enrollment_information.)
- C. In either case, if the student first enters the program **during** the academic year, the window of opportunity is reduced proportionally.
- D. If a student, after the beginning of the academic year, drops membership in the school for medical or other reasons, the running of the window of opportunity, under Paragraph B, is suspended until the student reestablishes membership in the school and returns to eligibility under Paragraph A. For example, a student dropped from high school membership after completing half of the eleventh grade year would retain the opportunity to enroll in a postsecondary institution over the second half of that academic year.
- E. An institution shall **not** enroll secondary pupils, for postsecondary enrollment options purposes, in sectarian, remedial, developmental, or other courses that are **not** college level.
- F. In 2003, the PSEO law was amended so that the books are now returned to the college not the high school. Section 19 Minn. Stat. 2002, § 124D.09, subdivision 20, is amended to read: Subd. 20, **TEXTBOOKS; MATERIALS.** All textbooks and equipment provided to a pupil, and paid for under subdivision 13, are the property of the pupil's **postsecondary institution.** Each pupil is required to return all textbooks and equipment to the **postsecondary institution** after the course has ended.





# Postsecondary Enrollment Options Program

## CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, do hereby consent to  
and authorize

Mesabi Range Community & Technical College counselors to release the following information to my parents or legal guardian.

- academic progress / grades
- attendance
- comments / concerns expressed by professors
- semester progress reports

DATE OF BIRTH:

SIGNATURE:

DATE:

This consent allows the release of this information during any semester of enrollment at a postsecondary enrollment options student.