

# Application for Post Secondary Enrollment Options (PSEO)

Thank you for your decision to apply for admission to Concordia University, St. Paul. We are pleased to have this opportunity to help you through the admission process. If you have a question or need additional forms, please contact our office and your admission counselor will assist you.

## Post-Secondary Checklist:

- Application
- Official High School Transcript
- Guidance Counselor Recommendation
- MN PSEO Program Notice of Student Registration
- PSEO Writing Sample

**Deadline is May 1st**

## Education Information

## Signatures

Please type or print in black or blue ink. ALL information is necessary to complete your file.

Today's Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Full Name \_\_\_\_\_  
FIRST NAME MIDDLE LAST/FAMILY NAME MAIDEN

Permanent Address \_\_\_\_\_  
NUMBER, STREET APT. #

\_\_\_\_\_ Home phone ( ) \_\_\_\_\_  
CITY, STATE, ZIP

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Year you wish to enter: Fall \_\_\_\_\_ Is English your native language? Yes \_\_\_\_\_ No \_\_\_\_\_  
YEAR

I plan to attend: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

I plan to attend classes: On campus \_\_\_\_\_ Online \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_  
NUMBER, STREET CITY, STATE, ZIP

Do you have any relatives who have attended Concordia, St. Paul? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is their name and relationship to you? \_\_\_\_\_

High School: \_\_\_\_\_

Anticipated Date of Graduation: \_\_\_\_\_

I hereby certify that all information given is accurate to the best of my knowledge.

Applicant signature \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

\_\_\_\_\_ I hereby give Concordia University, St. Paul permission to use my likeness in any promotional or news release generated by the University or any agent appointed by the University. This information may contain photos, quotations, or statistical information about myself. I also give Concordia University the permission to print my name in regard to any honors I receive from the University.

CONCORDIA UNIVERSITY, ST. PAUL

*Office of Admission*

275 Syndicate Street North

Saint Paul, MN 55104

Please contact our office locally at (651) 641-8230 or toll-free at 1(800) 333-4705 for assistance.



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