St. Catherine University
Post-Secondary Enrollment Options Program
Application for Admission

Name:_____

Permanent Address: _____
Street

_____
City **State** **Zip**

Telephone: _____ **Female** _____ **Male** _____

Age:_____ **Date of Birth:**_____ **Social Security:**_____

Email address:_____

When do you plan to enter the college: Fall Semester 20__ Winter Semester 20__

Have you previously applied or enrolled in the PSEO program at St. Catherine University? _____ Semester(s) of enrollment: _____

Courses taken at St. Catherine University:_____

PSEO coursework at other colleges: _____

_____

Current High School:_____

High School Address: _____

High School Graduation Year: _____ **Guidance Counselor:** _____

You must sign this application: To the best of my knowledge, the information given above is true. I understand that the misrepresentation of facts on this application will be cause for refusal of admission, cancellation of admission, or suspension from the university. By signing this application, I agree to abide by the policies and regulations of the college and permit the college to release my midterm grades and transcripts to the high school in which I am currently enrolled.

Signature: _____ **Date:**_____