HAMLINE UNIVERSITY

Post Secondary Enrollment Options (PSEO)

Application for Admission

Date _____

Student Data *(All fields are required.)*

First name _____ Last name _____

Middle name _____ Date of birth _____ SSN _____

Address _____ Apt. _____

City, state, zip _____ County _____

Email address _____ Phone number _____

High school name _____

High school address _____

High school counselor's name _____ Phone number _____

Course Data *(All fields are required.)*

When do you plan to enroll at Hamline University? ☐ Fall term 20 ____ ☐ Spring term 20 ____

List the Hamline University course(s) you would like to take:

Course number _____ Title _____ Days _____ Time _____

Course number _____ Title _____ Days _____ Time _____

List alternate course(s) you would like to take, in order of preference:

1. Course number _____ Title _____ Days _____ Time _____
2. Course number _____ Title _____ Days _____ Time _____
3. Course number _____ Title _____ Days _____ Time _____

Have you previously completed courses at Hamline? ☐ Yes ☐ No

Are you appling to any other colleges for the term listed on this application? ☐ Yes ☐ No

If you have attended other postseconday school(s), list them here: _____

_____

List all the courses you will be taking in addition to the course you intend to take at Hamline:

Course department/title _____ High school or college name _____

Course department/title _____ High school or college name _____

Course department/title _____ High school or college name _____

Course department/title _____ High school or college name _____

Course department/title _____ High school or college name _____

Course department/title _____ High school or college name _____

Personal Statement *(required)*

On a separate sheet, please provide a statement explaining why you would like to enroll in Hamline's PSEO program and how this would benefit your academic career or interests. Include why you are an exceptional candidate and how you will enhance Hamline's learning community. Please do not exceed 400 words.

All of the information I have provided on this application is complete and correct to the best of my knowledge. I understand that under the Postsecondary Enrollment Options Act, Hamline University will report to my high school the grades I receive in courses taken through this program. I authorize Hamline University to release final grade transcripts and other academic progress reports regarding courses taken at Hamline under the Postsecondary Enrollment Options Act Program.

Applicant's Signature _____ Date _____

Send application to: Office of Undergraduate Admission, MS-1930, Hamline University, 1536 Hewitt Avenue, Saint Paul, MN 55104

Official grade mailers (report cards) will be sent to students at the conclusion of the semester. An official transcript will be mailed at the end of the term to the high school guidance office for school records. Students may request official transcripts by writing to the Registrar's Office, Hamline University, MS-1750, 1536 Hewitt Avenue, Saint Paul, MN 55104. Please include your student identification number and your dates of attendance.