

**University of Minnesota - Twin Cities PSEO Program
Balance Sheet**

This form is to be filled out by high school counselors for students who are applying to the PSEO Program at the University of Minnesota-Twin Cities. Please complete all sections of this form and instruct the student to submit this completed form with his or her complete application.

Student Information

Name: _____ Graduation Date: _____

High School Information

High School Name: _____

Type of School Calendar: Quarter Semester Trimester Other: _____

Type of Schedule: 6 Hour 7 Hour Block Other: _____

Coursework offered which this student has been eligible to take:

AP IB CIS Advanced Enriched CP Honors

In your opinion, has this student exhausted the academic options for which he/she has been eligible?

Yes No

(This question is intended to help the Scholastic Committee assess the rigor of courses available to the student and does not impact the student's admissibility.)

Comments: _____

Remaining High School Requirements

Remaining graduation requirements assuming successful completion of current term: _____ HS Credits: _____ College Credits: _____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Counselor Name (Please Print): _____ Phone: _____

Counselor Email Address: _____ Fax: _____

Counselor Signature: _____ Date: _____