

## POSTSECONDARY ENROLLMENT OPTIONS PROGRAM

Admissions Deadline for Summer 2009: Friday, June 12, 2009 at 5:00 p.m.

### About the Post-Secondary Program

The Post-Secondary Enrollment Options program at Kent State University is designed to provide qualified public high school students with the opportunity to enhance their high school education with college courses..

Kent State University's PSEO program is not intended to replace coursework available in high school or to provide high school students with a full-time college course load.

The PSEO program has two options for students to choose from:

### Option B

By selecting Option B, high school students may earn both high school and college credit without paying tuition. Under Option B, students will also receive required textbooks free of charge.

### Option A

Option A requires the student to pay tuition and earn college credit only. Kent State University welcomes applications from home-schooled students who, if accepted, are required to enroll in Option A. Accepted students enrolled full-time in another institution's PSEO program are restricted to Option A enrollment at Kent State University.

### Contact Information

#### Pre-College Programs

217 Michael Schwartz Center

Kent, Ohio 44242-0001

330-672-2920 Toll Free 1-888-215-9637

<http://www.kent.edu/FutureStudents/PSEOP/ps>

[e.cfmiva@kent.edu](mailto:e.cfmiva@kent.edu)

Dr. Gloria Dunnivan [gdunniva@kent.edu](mailto:gdunniva@kent.edu)



## Get a Jump Start on Your College Career

### Admission Guidelines

Students seeking admission to the Kent State University PSEO program should generally meet or exceed the following guidelines:

- 3.0 cumulative high school grade point average on a 4.0 scale.
- Demonstrated mastery of introductory college preparatory core curriculum through 10<sup>th</sup> grade.
- Preferred ACT composite score of 23 or combined SAT score of 1070 (reading and math).
- Ohio requires a "B" average or better in a similar high school course prior to enrolling in a college course in the same subject area.

# PSEOP Application Instructions

Please read the following instructions carefully. Applicants are responsible for submitting all application materials by Friday, May 28, 2010 at 5:00 p.m.

## 1. PSEOP Application for Admission

Complete the Kent State PSEOP Application for Admission. Return the PSEOP Application for Admission and other materials to the Dual Enrollment Programs Office, 217 Schwartz Center, Kent State University, Kent, OH 44242.

## 2. PSEOP Counselor Recommendation Form and Official High School Transcript

Have your high school guidance counselor complete the Kent State PSEOP Counselor Recommendation Form and submit an official high school transcript. A high school transcript is only considered official if it is received in a sealed envelope. Return this sealed envelope with the PSEO application, *It is your responsibility to allow enough time for your counselor to complete this form, prepare an official transcript, and return them to you prior to the application deadline.*

## 3. ACT or SAT Scores

It is required that PSEO applicants provide ACT or SAT scores with their application. If you have taken the ACT or SAT, include a copy of your scores when you submit your application.

# PSEOP Application Return Envelopes

Return all of your PSEOP application materials **at one time** in an envelope. You need to provide a business-sized envelope for your guidance counselor to return his/her recommendation and high school transcript to you.

Your name should be on the front of each envelope. We are asking that your guidance counselor sign his/her name over the seal on the back of the envelope before returning it to you.

It is your responsibility to have this recommendation returned to you prior to the application deadline. Do not have your guidance counselor mail his/her recommendation and transcript to Kent State University. They are to be returned with the remainder of your application materials before the application deadline.

Kent State University PSEO Program	DO NOT MAIL
YOUR NAME	

Request that your Guidance counselor sign his/her name over the seal before returning the envelope to you.
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## Schwartz Center

### Parking Information

Weekday visitors to the offices located in the Schwartz Center may obtain a free temporary permit from the MSC parking lot booth attendant.



Go to <http://kentstate.kent.edu/directions/kent/building.asp> for driving directions. The Offices of Dual Enrollment Programs Office is in room 217, located on the second floor.

**KENT STATE UNIVERSITY**  
Kent Campus

**Post-Secondary Enrollment Options Program**  
**CLEVELAND CLINIC APPLICATION Summer 2010**

**Summer 2010 Application Deadline: Friday, May 28, 2010 at 5:00 p.m.**

Please PRINT clearly in ink. No admission fee is required.

**Section 1** PSEOP Option

PSEOP Option A - college credit only, student pays tuition

Cleveland Clinic Program Name \_\_\_\_\_

**Section 2** Full Name and Prior Attendance

Summer 2010 (Option A only)

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Suffix (Sr., Jr., II, III, etc.) \_\_\_\_\_

Previous Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: Male Female

Birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year 19 \_\_\_\_\_

Have you previously applied to any campus of Kent State University? Yes No

If yes, list the campus, year, and term of previous application and KSU ID # \_\_\_\_\_

**Section 3** Permanent Address and Phone

**PLEASE PRINT**

Permanent Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

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

**Section 4** Personal Information

Are you a United States citizen? Yes No  
If no, and you are a permanent resident, provide your country of citizenship, permanent resident card number and date granted. \_\_\_\_\_

Are you an Ohio resident? Yes No

Ethnic Category Not Hispanic or Latino Hispanic or Latino

Ethnic information is used for reporting purposes only. Please select one or more as appropriate:

African American (Black) American Indian or Alaskan Native Hispanic or Latino

Caucasian American (White) Asian American or Pacific Islander American Non-U.S. Citizen

Next of Kin \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian

Parent or Guardian Name

\_\_\_\_\_  
Last Name (print) First Name Middle

Permanent Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

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

Have you ever been convicted of a criminal offense or have charges pending against you at this time (other than minor traffic violations)? Yes No

Have you ever been dismissed, suspended or placed on probation by any other college or university for a non-academic reason? Yes No

**Section 5** High School Information

Are you homeschooled? Yes No

High School Name \_\_\_\_\_

High School Code \_\_\_\_\_ School District \_\_\_\_\_

High School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Guidance Counselor's name you consulted about PSEOP \_\_\_\_\_

Guidance Counselor's Email Address \_\_\_\_\_

Expected Graduation or GED Date: Month \_\_\_\_\_ Year 20 \_\_\_\_\_

Current High School Class \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior

Intended College Major \_\_\_\_\_ Check if Undecided \_\_\_\_\_

Have you taken the ACT or SAT? Yes No Month and Year of most recent test \_\_\_\_\_

Are you scheduled to take the ACT or SAT in the future? Yes No If yes, when? \_\_\_\_\_

While in high school, have you participated in a Post-Secondary Enrollment Option program, Dual Credit program, or taken college courses for credit? If yes, you must complete Section 6 - Previous College Information. Yes No

### **Section 6** Previous College Information

Complete only if you have any previous college attendance. You must submit official college transcripts from any institution listed.

Institution	City/State	From - To Month and Year	Degree Obtained (if any)

### **Section 7** Permission for Required Notifications and Financial Responsibility Acknowledgement

The purposes of this section are (1) to give the University permission to release information required by the law to notify the parent/guardian, school district and State Superintendent of Public Instruction about admission, course enrollment, failure to complete course(s) and grades earned; and (2) to establish the responsibility of payment to Kent State University in the event that a student fails to complete one or more courses being taken under the Post-Secondary Enrollment Options Program initiated by the Ohio State Legislature.

I give Kent State University permission to:

- send any grades I receive in this program to my school district;
- notify me, my school district and the State Superintendent of Public Instruction of my acceptance into the Post-Secondary Enrollment Options Program;
- notify me, my school district and the State Superintendent of Public Instruction of my course registration(s) under this program; and
- notify me, my parent/guardian, my school district and the State Superintendent of Public Instruction if I fail to complete one or more courses as a result of a formal withdrawal process or if I fail to attend classes regularly that are taken under this program.

\_\_\_\_\_  
Applicant's Signature Date Parent or Guardian's Signature Date

### **Section 8** Applicant and Parent/Guardian Signatures

By my signature I attest to the fact that all information given on this application is complete and correct. Any intentional omission or falsification will result in denial of admission or immediate dismissal.

\_\_\_\_\_  
Applicant's Signature Date Parent or Guardian's Signature Date

**Office Use Only**

<input type="checkbox"/> Accepted <input type="checkbox"/> Denied
<input type="checkbox"/> Official High School Transcript Received
<input type="checkbox"/> ACT or SAT Scores Received
Date Admitted in Banner: _____ Processor: _____

PSEOP Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# KENT STATE UNIVERSITY

## Guidance Counselor/Principal Recommendation and Official High School Transcript Request

**Summer 2010 Application Deadline: Friday, May 28, 2010 at 5:00 p.m.**

**This section is to be completed by the Student.**

Applicant's Name \_\_\_\_\_  
Last Name First Name M.I.

Under the provisions of the Family Educational Rights and Privacy Act, the applicant for Kent State University's Post-Secondary Enrollment Options Program has the right to retain or waive access to references provided by high school teachers and administrators. Access will be granted to the student/parent unless this waiver is signed by the student and parent/guardian.

I hereby waive the right to review references provided by high school teachers and administrators for Kent State University's Post-Secondary Enrollment Options Program.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**After completing the above information, deliver this form and an envelope to your high school counselor. Your counselor will complete the following section and return this form and official high school transcript to you in the envelope you provide. It is your responsibility to allow enough time for your counselor to complete this form and return it to you prior to the deadline.**

**This section is to be completed by the High School Counselor/Principal.**

**Please respond to the following questions:**

1. Student's grade point average in high school: \_\_\_\_\_ on a \_\_\_\_\_ scale.
2. Student's ACT/SAT scores: **(Include official copy.)**

English	Mathematics	Reading	Sci Reas	Composite
Use/Mech Rhet	EIAlg/AlgGeo/GeoTrig	SocSci	ArtsLit	

3. Student's College Preparatory Units completed by the end of the current academic year:

English \_\_\_\_\_ Mathematics \_\_\_\_\_ Science \_\_\_\_\_  
 Social Studies \_\_\_\_\_ Foreign Language \_\_\_\_\_ Fine Arts \_\_\_\_\_ **Total** \_\_\_\_\_

**Please complete this section by rating the following statements: 0 = LOW 5 = HIGH**

4. Student's social maturity: 0 1 2 3 4 5
5. Student's ability to study independently: 0 1 2 3 4 5
6. Do you recommend this student for Kent State's PSEO Program? Yes No
7. Comments: (use back if desired)

\_\_\_\_\_  
 Counselor/Principal Signature Date Print or Type Name Title

**NOTE!** Do not mail or fax this form. Seal this form and the applicant's official high school transcript in an envelope and return **DIRECTLY TO THE APPLICANT**. *It is the responsibility of the applicant to return these items with his or her PSEO Application for Admission to Kent State by the deadline.*

**Please include the applicant's official high school transcript with this form.**

**Please include an official copy of student's ACT/SAT scores if they are not on the transcript. Applications will not be accepted without ACT/SAT scores.**

