

Application Deadline – April 14, 2017



Fall 2017

Saint Paul Career Pathways Academy

NOTE: Complete the appropriate form for each instructional term. (Please print legibly & use black ink). ALL BOXES MUST BE COMPLETED. Return completed form to school counselor for completion of Section 2.

Section 1 - To Be Completed by Student **Are you a Returning CPA Student? Yes No**

Student Name (Last, First, M.I.)	<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth ____/____/____ mm / dd / yy	CIF Number		
		Email address:			
Address Apt.	City	State	Zip Code	Telephone Number ()	
Parent/Guardian Name (Last, First)	Address (if different than above)				

Name the Postsecondary Institution **Saint Paul Career Pathways Academy at Saint Paul College**
Check only courses that you are applying for. Rank by choice (1st, 2nd, 3rd)

<u>Health Science Technology</u> <input type="checkbox"/> Medical Careers/Nursing Assistant (C531513) (Noon-1:20) <input type="checkbox"/> Medical Careers/Nursing Assistant (C531513) (2:30-5:00, Tu and W)	<u>Arts, Communications & Information Systems</u> <input type="checkbox"/> Computer Repair and Maintenance (T535251)
<u>Business, Management, & Administration</u> <input type="checkbox"/> Introduction to Business (B538111) & Business Communications (B538212)	

Minn. Stat § 124D.09 requires that students and parents/guardians sign a statement indicating they have received information about the program, are aware that the counseling services are available and are aware of their responsibilities regarding participating in the program. We have received the information required under Minn. Stat. § 124D.09 and are aware that the above student is enrolling in postsecondary courses.

 Signature-Parent/Guardian (if student under 18) Signature - Student Date

Section 2 - To Be Completed by Student's High School Counselor

Name of High School Currently Enrolled In	CIF Number	Total # of absences in Spring 2017
INITIAL QUALIFICATION for PSEO <u>JUNIORS: TOP 33% OR SENIORS: TOP 50% or a 2.0 GPA with letter of support from the counselor that they would benefit. SOPHOMORES MUST have passed MCA 8th grade Reading.</u> **ALL students (including returning students) will also have to pass with appropriate Reading scores to participate in CPA—Accuplacer: 38 or ACT Reading subtest score of 21.		BASED ON THE STATEMENT AT THE LEFT, Is the above student eligible for program application? (Qualify for PSEO?) ____Yes ____No
During Period of Attendance at Postsecondary Institution Students' High School grade level will be: <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th NOTE: 21 YEAR-OLDS ARE NOT ELIGIBLE		
STUDENT'S ACT READING SCORE: _____ STUDENT'S ACCUPLACER READING SCORE _____* *Attach/send copy of score report with application		
HIGH SCHOOL VERIFICATION I certify that the student identified in Section 1 is eligible to enroll in the Dual Credit Program this term that the information in this Section is accurate and applicable to the student, student is eligible for two semesters in grade 11 and two semesters in grade 12.		
High School Contact Person	Title	Telephone Number
		Date