



PSEOP APPLICATION FOR ADMISSION

- 1) Sign and date the application once all sections are complete.
- 2) Attach a current high school transcript.
- 3) Mail to: RCTC Admissions & Records Office
851 30th Avenue SE * Rochester, MN 55904

In order to process your application, RCTC is requesting information that includes confidential information under state and federal law. You are not legally required to provide the information; however RCTC may not be able to effectively process your application without it. The information requested is used for positive identification, advising, counseling, course placement, financial aid decisions, and institutional, state, and federal reporting. The confidential information is released only to appropriate officials within college, state, or federal agencies. RCTC abides by the Title IX, federal legislation forbidding discrimination on the basis of sex and by all other federal and state laws regarding equal opportunity.

Name (Last, First, Middle) _____ () -

Address _____ City _____ State _____ Zip _____ Phone _____
Are you a United States Citizen? Yes No If not, are you a: Refugee Resident Alien Other _____
 If you have checked "Refugee" or "Resident Alien" please attach documentation copies (ie. I94, green card, visa, resident alien card, etc.)

Email address: _____

Admission Data Incomplete Applications will be returned

What is your educational intent at this time? (Check only one) see back for Part A and Part B explanation
 Part A.....Program Code 4000 _____
 Part B _____ Program Award Type _____
 (Please choose from list on reverse, and provide the award type of your desired program)
Which semester do you intend to begin taking courses? (Check only one and indicate the year) Fall ___ Spring ___

Educational Record Incomplete Applications will be returned

High School that will award your diploma: _____
 High School _____ City _____ State _____ Zip _____
Anticipated date of high school graduation ___/___/___ **Do you have a GED?** Yes No
 Month / Year
Check here if attended any other college institutions **Name of College:** _____

Additional services may be available to students who provide a current Individual Education Plan (IEP).
 Please call the RCTC Student Support Services (SSSP) for details at (507) 280-2968

All of the information herein is true and complete to the best of my knowledge. I understand that misrepresentation of information is sufficient grounds for canceling admission and/or enrollment to this institution.
Student Signature _____ **Date** _____

The following must be completed by the high school counselor:
STUDENT'S SECONDARY GRADE LEVEL WILL BE: _____ **STUDENT'S CLASS RANK:** _____ of _____
STUDENT'S CURRENT GRADE POINT AVERAGE: _____
 I verify this information to be true and correct: _____
 High school counselor's signature

RCTC shall enroll Postsecondary Enrollment Options Program (PSEOP) students on a space available basis.

All PSEOP students must complete the following:

- Successfully complete the Accuplacer Test
- Attend a mandatory Orientation/Registration Session (STAR) at RCTC

Information regarding the Accuplacer and the Orientation/Registration Session (STAR) will be mailed to the home address of all PSEOP applicants.

Juniors and/or seniors enrolled in degree, diploma, or certificate programs and/or taking general education courses must meet the following requirements:

PART A. Students enrolling in Associate of Arts or Associate of Science programs and/or courses.

High school must complete box at bottom of page.

- * Seniors must rank at or above the 50th percentile of their class or have earned a 2.5 or higher overall grade point average.
- * Juniors must rank at or above the 66th percentile or have earned a 3.0 or higher overall grade point average.

PART B. Students enrolling in approved Associate of Applied Science, Diploma or Certificate programs and/or courses.

- * No high school grade point average requirements.
- * A student is not eligible for any program that requires a high school diploma or GED for entrance.
- * A student in a diploma or certificate program **CANNOT** enroll in Associate of Arts or Associate of Science courses unless the student meets the entrance criteria for "PART A".

PART B PROGRAMS

Accountant	+❖	Health Information Tech	❖
Accounting Clerk	+	Health Unit Coordinator	^
Accounting Technician	+	Horticulture – Landscape	+❖
Administrative Assistant	+❖^	Horticulture – Floriculture	+❖
Automobile Mechanic	+	Human Service Tech.	+
Bookkeeping Clerk	^	Human Services Special	❖
Building Utilities Mech.	+	Manufacturing Tech Spec	❖
Business Management	❖	Midrange Comp Spec	❖
Carpentry	+	Medical Data Asst	+
Child Development	^+❖	Medical Secretary	❖
Computer Drafting CAD	^+❖	Medical Transcriptionist	+
Dental Assistant	+	Networking Spec CISCO	+
Electronic Digital Tech	^	Nurse Assistant	^
Electronic Technician	+	Retail Merchandising	*❖+^
Electronic Technology	❖	Software Appl Spec	^
		Supervisory Management	❖

<u>AWARD KEY</u>	
#	Associate in Arts
*	Associate in Science
❖	Associate in Applied Science
+	Diploma
^	Certificate

**See our Website at
WWW.ROCHE.EDU
for more information about
Rochester Community and
Technical College.
☎ 1-507-285-7332 or 1-800-247-1296
Mon – Fri / 8 am – 4:00 p.m. CST**

OFFICE USE ONLY	OFFICE USE ONLY	OFFICE USE ONLY	OFFICE USE ONLY
Received: _____ Date: _____ App. Fee _____ <input type="checkbox"/> HS Transcript/GED <input type="checkbox"/> College Transcript From _____	Requested: _____ Date: _____ <input type="checkbox"/> App. Fee <input type="checkbox"/> HS Transcripts/GED <input type="checkbox"/> College Transcript Other _____	Correspondence Dates _____ _____ _____ _____	Admission Status Registration Info. Program Assigned Other

NOTES:



RCTC Admissions Office
851 30th avenue SE
Rochester MN 55904

Supplemental Student Data

The data is requested for administrative record-keeping and reporting purposes only and will not be used to determine admission. This is NOT an application for admission. This supplemental data will only be recorded for students who have been admitted to RCTC through the application process. You may submit this form with your Application for Admission or under separate cover, to the address above, after you have applied. Please print clearly.

NAME: _____
Last First Middle Maiden

SOCIAL SECURITY NUMBER: _____ - _____ - _____ DATE OF BIRTH: ____/____/____

Proving your social security number is optional. However, providing your date of birth is MANDATORY.

GENDER: Female Male

ETHNIC BACKGROUND:

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North, Central or South America and who maintains tribal affiliation or community attachment
- Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent
- Black or African American** – A person having origins in any of the black racial groups of Africa
- Hispanic or Latino** – A person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture, regardless of race.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- White** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa

Additional services may be available to students who identify themselves as one or more of the following:

- Limited English Proficient
- Displaced Homemaker
- Single Parent/Single and Pregnant

Thank You.

Rochester Community and Technical College abides by the provisions of Title IX and other federal and state laws forbidding discrimination on the basis of sex, race, color, national origin or handicap and other state and federal laws regarding equal opportunity. The college application and this form can be made available in alternate formats upon request.

POST SECONDARY ENROLLMENT OPTIONS PROGRAM

High School Counselor/Student Guide

The Counselor/Student Guide is intended to be used as a worksheet by the student, parent(s) or guardian, and high school counselor. Completion of this form is essential since the information requested provided a basis for making knowledgeable decisions regarding participation in the Post Secondary Enrollment Options Program (PSEOP) and assures that students enroll in courses appropriate to their needs.

STUDENT NAME: _____ **STUDENT PHONE:** _____

HIGH SCHOOL: _____ **CURRENT GRADE LEVEL:** _____ **BIRTHDATE:** _____

COUNSELOR: _____ **PHONE** _____ **TODAY'S DATE:** _____

HIGH SCHOOL GRADUATION STATUS

1. Total High School Credits Anticipated To Be Completed as of June 2010: _____
2. Additional Number Of Credits Needed For Graduation as of June 2010: _____
(Assuming All 2009-2010 High School Course Work In Progress Will Be Successfully Completed)
3. Required Courses And Number Of Credits Needed For Graduation as of June 2010:
(Assuming All 2009-2010 High School Course Work In Progress Will Be Successfully Completed):

4. Number Of Elective Credits Needed For Graduation as of June 2010: _____
(Assuming All 2009-2010 High School Course Work In Progress Will Be Successfully Completed)

ADDITIONAL HIGH SCHOOL STANDARDS STATUS

List any Additional Standards still needed for graduation as of June 2010:

Number of Additional Standards needed for graduation for this student: _____

PROPOSED EDUCATIONAL PLAN (✓ one): _____ Part Time H.S./Part Time RCTC _____ Full Time RCTC

Once the basic requirements are established by the high school counselor and submitted to the program coordinator at RCTC, the RCTC plan and selection of courses will be done at the New Student Orientation/Registration Session (STAR) at RCTC. However, RCTC suggests that the high school counselor recommend courses to be taken by the student.