

First name				
Middle name				
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Email address				
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nigh school counselors f	name	Phone number		
		Fall term 20 Spring term 20	_	
		. 5		
Course number	Title	Days	Time	
Course number	Title		Time	
List alternate course(s) y	ou 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	
o. odar se mamber	mic		Time	
If you have attended other	er postseconday school(s	s), list them here:		
Course department/title		High school or college nar	High school or college name	
Course department/title		High school or college nar	High school or college name	
Course department/title		High school or college nar	High school or college name	
Course department/title		High school or college nar	High school or college name	
Course department/title		High school or college nar	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 bene 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 nal 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: O ce of Undergraduate Admission, MS-1930, Hamline University, 1536 Hewitt Avenue, Saint Paul, MN 55104

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