



Student Application & Request for Accuplacer Testing  
2015-2016 Concurrent Enrollment & eCampus in the High School

*Senior students must have a 2.8 GPA and Junior students must have a 3.2 GPA to be eligible.*

I am applying for:  Concurrent Enrollment Only  eCampus in the High School Only  Both

Semester I want to enroll:  Fall  Spring  Both Fall & Spring

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number (Required): \_\_\_\_\_

State of Residence: \_\_\_\_\_ Number of Years in State: \_\_\_\_\_

Personal Email Address (Required): \_\_\_\_\_

*This MUST be a personal email and not shared with anyone else. You must also be able to access this email at your high school.*

Social Security Number (Optional): \_\_\_\_\_

High School Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

GPA: \_\_\_\_\_ ACT Reading Score: \_\_\_\_\_ ACT Mathematics Score: \_\_\_\_\_ Date ACT Taken: \_\_\_\_\_

**Student Signature** \_\_\_\_\_

**High School Counselor Signature** \_\_\_\_\_

**RETURN THE COMPLETED FORM AND HIGH SCHOOL TRANSCRIPT TO:**

***\*Please plan for up to 5 business days for all applications to be processed.***

M State  
1414 College Way  
Fergus Falls, MN 56537  
Attn: Erin Warren  
Fax: 218.736.1573  
Email: erin.warren@minnesota.edu

**For Office Use Only**

Eligible to test: \_\_\_Yes \_\_\_No

Accuplacer needed: \_\_\_All \_\_\_Math Only \_\_\_Reading Only \_\_\_ACT Score Waiver

Communication back to high school counselor/contact: \_\_\_\_\_(Initial)

Eligible to Register: \_\_\_Yes \_\_\_No