



Student Application and Request for Accuplacer Testing
2019-2020 Concurrent Enrollment and eCampus in the High School

Program Eligibility: Seniors 2.8 GPA; Juniors 3.2 GPA

Please only use black ink on this form

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): _____

Social Security Number (Optional): _____

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.

Ethnicity (Optional): ☐ White ☐ Hispanic ☐ African American ☐ American Indian ☐ Asian ☐ Other

High School Name: _____

Graduation Year: _____

GPA: _____

**If a student has ACT scores, please include a high school transcript with ACT scores, or an official ACT score report.*

Student Signature: _____

High School Counselor Signature: _____

RETURN COMPLETED FORM AND HIGH SCHOOL TRANSCRIPT TO:

Concurrent Enrollment Program: concurrent@minnesota.edu

eCampus in the High School: echs@minnesota.edu

Fax: 218.736.1573

Please plan for up to five business days for applications to be processed.