

Student Application and Request for Accuplacer Testing

2020-2021 Concurrent Enrollment and eCampus in the High School

Program Eligibility: Seniors 2.8 GPA; Juniors 3.2 GPA

Please only use <u>black ink</u> on this form

I am applying for: 🗌 Concurrent I	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 Nu	imber (Required):	
Social Security Number (Optional)	:		
State of Residence:		Number of Years in State:	
·	ed with anyone else. Hispanic Afr	You must also be able to access this email at your high ican American 🔲 American Indian 🗌 Asiar	
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GPA: *If a student has ACT scores, please in	clude a high schoo	ol transcript with ACT scores, or an official ACT	score report.
Student Signature:			
High School Counselor Signature:			
RETURN COMPLETED FORM AND	HIGH SCHOOL T	RANSCRIPT TO:	
Concurrent Enrollment Program: conc	current@minneso	ta.edu	
eCampus in the High School: echs@m	innesota.edu		
Fax: 218.736.1573			

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