



Post Secondary Enrollment Options Program: Intent to Continue

BGSU ID # P _____

Birthdate _____ / _____ / _____
month day year

Expected Enrollment Fall Spring / _____
year

Current Class Standing Freshman Sophomore Junior Senior

Expected High School Graduation Year _____

Gender Female Male

Name _____
last first middle initial

Mailing Address _____
street city state zip

Home Phone Number (____) - ____ - _____

High School _____

High School Phone Number (____) - ____ - _____

Guidance Counselor's Name _____ Phone _____

I plan to enroll under: Plan A (College Credit Only) Plan B (College & High School Credit)
(Check only one)

As a PSEO Program applicant, I certify that the above information is complete, and accurate to the best of my knowledge. I understand that any misrepresentations of facts herein could be cause for refusal of acceptance, cancellation of acceptance, or expulsion from the University. I agree that as a PSEO Program student at BGSU Firelands I am subject to, and agree to act in accordance with, the Student Code of the Bowling Green State University.

Are you already participating in the Tech Prep Program? Yes No
If Yes, please indicate which Tech Prep Program: _____

Student Signature _____ Date _____ / _____ / _____

Parent / Guardian Signature _____ Date _____ / _____ / _____

As Parent or Guardian of the student named above, I support my student's intent to continue in the PSEO Program at BGSU Firelands and agree to all of the policies and responsibilities described in the original application package.

Guidance Counselor Signature _____ Date _____ / _____ / _____

As Guidance Counselor of the student named above, I confirm that the student is in good academic standing and support their intent to continue in the Post Secondary Enrollment Options Program.

Office Use Only:

HS CODE: _____

SSA: _____

DATE: _____