



Dual Credit/PSEO Plan for 2020-2021

Student Name: _____

Grade in 2020-2021: JR SR

ACT Score: _____ or 10th gr ACT Aspire Projected Range: _____

Dual Credit/PSEO Institution: _____

SEMESTER 1

College Course #1: _____ Credits: _____

SCL Course replaced by College Course #1: _____

College Course #2: _____ Credits: _____

SCL Course replaced by College Course #2: _____

College Course #3: _____ Credits: _____

SCL Course replaced by College Course #3: _____

College Course #4: _____ Credits: _____

SCL Course replaced by College Course #4: _____

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StCroixLutheran.org

1200 Oakdale Avenue
West St. Paul. MN 55118-2601



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SEMESTER 2

College Course #1: _____ Credits: _____

SCL Course replaced by College Course #1: _____

College Course #2: _____ Credits: _____

SCL Course replaced by College Course #2: _____

College Course #3: _____ Credits: _____

SCL Course replaced by College Course #3: _____

College Course #4: _____ Credits: _____

SCL Course replaced by College Course #4: _____

Turn in this form along with the MN PSEO Registration form to Dr. Rathje by April 15 in order to participate.

I have read all Dual Credit/ PSEO information and understand the benefits, risks, and will meet all requirements for participation.

Student Signature

Parent Signature

Date

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