



# MORNINGSIDE UNIVERSITY

## HIGH SCHOOL POST SECONDARY ENROLLMENT OPTION

*(Iowa Students Only)*

**IMPORTANT:** This application is for the Post Secondary Enrollment Option only. For full-time enrollment contact, Admissions at (712) 274-5511.

### PROVISIONS OF THE POST SECONDARY ENROLLMENT OPTION AT MORNINGSIDE UNIVERSITY:

1. Applicants may register for up to 8 credits in the fall and 8 credits in the spring.
2. Applicants must come to the University in person to register for the course(s). Do not mail in registration.
3. Music private lessons are excluded from the PSEO program.
4. Applicants may purchase books at the bookstore and may charge them to student account. All course fees (art, travel, etc.) will be billed to the student account.

### TO BE COMPLETED BY HIGH SCHOOL COUNSELOR

High School GPA: \_\_\_\_\_ Class Year: \_\_\_\_\_ FR \_\_\_\_\_ SO \_\_\_\_\_ JR \_\_\_\_\_ SR

Approved Courses: \_\_\_\_\_ Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

High School Counselor's Signature: \_\_\_\_\_

High School Counselor's Email Address: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

The above signatures verify this information is true and correct.

## HIGH SCHOOL POST SECONDARY ENROLLMENT REGISTRATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

High School: \_\_\_\_\_ School Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

DEPT	CAT	SEC	TITLE OF COURSE	DAY/TIME	CREDITS

Approval by Academic Affairs Office: \_\_\_\_\_ Morningside I.D. Number: \_\_\_\_\_

Please contact Beth Boettcher to arrange a time to return this form in person and schedule your enrollment appointment. 712-274-5034 or boettcherb@morningside.edu