

PSEO Waiver Form

Parent and High School Counselor Approval Form

Name: _____

Parent Commitment

I give my permission for my son/daughter to participate in the PSEO Program at Crown College.

Parent Signature: _____ Date: _____

High School Counselor Approval

This student must earn the following credits at Crown College to be eligible for High School graduation:

Counselor Signature: _____ Date: _____

Area of Study	Credits Remaining	Suggested Course Fulfillment
English:		
Social Studies:		
Math:		
Science:		
Other:		
Electives:		

Please mail your completed form to:
 Crown College Admissions
 8700 College View Dr
 St. Bonifacius MN 55375