

# PSEO Contract

Student Name: \_\_\_\_\_ High School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Phone #: \_\_\_\_\_ Student Email: \_\_\_\_\_@apps.district833.org

PSEO College: \_\_\_\_\_

**Student**    **Parent**    *(Please initial each line and sign below)*

\_\_\_\_\_    \_\_\_\_\_    I understand I am responsible for my own transportation to and from college.

\_\_\_\_\_    \_\_\_\_\_    I will provide my counselor with an official course schedule from the college I am attending prior to the start of each semester.

\_\_\_\_\_    \_\_\_\_\_    I will notify my counselor before making any changes to my schedule because these changes could prevent me from graduating.

\_\_\_\_\_    \_\_\_\_\_    If I withdraw from a class, I need to notify my counselor immediately, because this could jeopardize my graduation status.

\_\_\_\_\_    \_\_\_\_\_    I understand my counselor does **NOT** have access to my PSEO grades until they are finalized. Therefore, if I am in danger of failing a course, I will notify my counselor immediately.

\_\_\_\_\_    \_\_\_\_\_    I understand by enrolling in PSEO, I am treated as a college student; my parents will not have access to my grades and my ultimate success or failure in PSEO is my responsibility. I understand my PSEO grades may impact my college GPA.

\_\_\_\_\_    \_\_\_\_\_    I understand it is my responsibility to find out missed information at my high school. I will check Schoology and my school email on a regular basis.

\_\_\_\_\_    \_\_\_\_\_    I understand each college credit is equal to .75 high school credit.

\_\_\_\_\_    \_\_\_\_\_    I understand PSEO grades are **NOT** weighted.

\_\_\_\_\_    \_\_\_\_\_    I will complete the [MDE Notice of Student Registration Form](#) each semester

**Student Signature:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_

**PLEASE RETURN THIS FORM TO YOUR HIGH SCHOOL COUNSELOR**