

Winona State University Project Lead the Way (PLTW) Credit



Secondary school students successfully completing Project Lead the Way (PLTW) courses (Introduction to Design and Principles of Engineering) may apply for credit from Winona State University (WSU). The students will receive 2 semester credits toward *CME 102-Introduction to Engineering* at WSU subject to the following conditions:

1. All requirements for PLTW courses (Introduction to Design and Principles of Engineering) must be satisfied and the students must achieve an 80% or better for the course.
2. The PLTW courses must be from certified PLTW schools.
3. The PLTW end of course exam must be taken and a score of 4 or higher must be earned. In the new PLTW scoring system, a minimum score of 320 is needed.
4. Grade of P (Pass) will appear on WSU transcript

How to Register for Credit for PLTW courses:

1. Fill out the "STUDENT INFORMATION" section of the application (See next page).
2. Ask the PLTW teacher or School Counselor to complete the "COURSE INFORMATION" section of the form and mail it to:

WSU PLTW-Attn: Composite Materials Engineering Office Manager
175 W. Mark St.
Stark Hall Room 203
Winona, MN 55987

Information on academic record can be found at:

Registrar's web site: <http://www.winona.edu/registrar/>. You will need to activate your Star ID

If you have any questions, do not hesitate to contact the CME Department by calling 507-457-5685 or sending an e-mail to cme_dept@winona.edu

Winona State University
Composite Materials Engineering
Project Lead the Way (PLTW) Application



STUDENT INFORMATION

WSU Student ID# (If you have one):

Birth date:

Last Name:

First Name

Middle Initial:

Home Address:

City:

State:

Zip Code:

Home Phone:

Email Address:

High School Name:

Student Signature: _____

COURSE INFORMATION: (to be completed by **PLTW** Instructor or School Counselor)

Course: Introduction to Design Final Grade or Score Earned: _____

Course: Principles of Engineering Final Grade or Score Earned: _____

Instructor or School Counselor Name: _____

Instructor or School Counselor Signature: _____

Instructor or School Counselor Phone: _____

Instructor or School Counselor Email Address: _____

For department use only:

Pmt received:	Check #:	WSU Term:
Authorized by:		