

24 College Credit High School Equivalency Pathway Application

The University of the State of New York
 THE STATE EDUCATION DEPARTMENT
 High School Equivalency (HSE) Office
 89 Washington Avenue, EBA 460
 Albany, New York 12234
hse@nysed.gov

Applicant Must Affix
 \$10 Money Order for
 Processing. Do not
 send Check or Cash

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK

Section A. For Applicant Use Only

Applicant's Name Last Name		First Name	Middle Initial	Suffix
Name at time of College Credits Earned (if different from above):			SSN:	
Mailing Address (Street/P.O. Box)				Apartment Number
City		State	Zip Code	
Date of Birth		Telephone Number		Email Address
Month	Day	Year	() Area Code	Number
Name of College where Credits were Earned:			Additional College(s) where Credits were Earned:	

- Applicants must have been enrolled in a degree or certificate granting program and completed 24 credits, as designated, at a college located within the United States or accredited by a U.S.A. higher education institution.
- Applicants must have reached maximum compulsory school attendance age (MCSAA) prior to being awarded a High School Equivalency diploma. A student reaches MCSAA if they turn age 16 on or before June 30th of the school year in which they can legally drop-out of high school. Please note that school districts may opt to designate age 17 as the MCSAA, pursuant to NYS Education Law Section 3205(3).
- I certify that I have been a New York State resident for a minimum of 30 days, and do not currently possess a high school diploma or High School Equivalency diploma.
- I certify that I have successfully completed 24 or more credit hours in accordance with credit distribution requirements on page 2 of the application.

I understand that I will not be awarded a New York State High School Equivalency Diploma based on 24 College Credits unless I meet the eligibility and program requirements. For more information, please see: <http://www.acces.nysed.gov/aepp/college-credit-and-out-state-testing>

_____ Date _____
 Applicant Signature

Section B. Completed by the Registrar (Most recent, if more than one college.)

Name of Institution	
City and State of Institution	Registrar Phone Number
Registrar's Name	Registrar Email
Registrar's Signature	Date

Institution's
 Seal or
 Stamp

The certifying College must return this form with the applicant's corresponding official transcript(s) to The High School Equivalency (HSE) Office, 89 Washington Avenue, EBA 460, Albany, New York 12234

**COURSE DISTRIBUTION REQUIREMENTS
FOR EARNING A HIGH SCHOOL EQUIVALENCY DIPLOMA**

Provide the course name listed on your official college transcript to demonstrate completion of credits in each distribution area. Note that all credits must be from an accredited college or university in the United States. If you have questions regarding the eligibility of your college, please contact: hse@nyed.gov.

English Language Arts [6 credits] Course: _____ Course: _____	Mathematics [3 credits] Course: _____
Natural Science [3 credits] (Computer Science does not fulfill this requirement) Course: _____	Social Science [3 credits] Course: _____
Humanities [3 credits] Course: _____	College Degree Program Requirements, such as Electives [6 Credits] Course: _____ Course: _____