



HiSET/ ADULT SCHOOL

HIGH SCHOOL EQUIVALENCY DIPLOMA APPLICATION

Name:						Age:
Last Na	me	F	First Name		M.I	-
Social Security No.:			Date of Birth:			
Place of Birth:		Ethn	icity:		Tel No.:	
Citizenship: U.S Rep	ublic of Palau	FSM		-	of the Marshall Is	lands
Mailing Address:	P.O BOX #		City		State	Zip Code
Residence: D Saij	ban 🗖	Tinian		Rota	How Long?	
If you're not a CNMI Resident, Where:						
Name and Address of I	Last School Atte	nded: _				
Highest Grade Completed:			Date of Withdrawal:			
		Dates and	Scores of Te	ests Taken		
Mathematics:	Score:		Occupation	al Knowled	lge:	Score:
Science: Score:			Community Resources:		Score:	
S. Studies:	Score:		Consumer Economics:			Score:
Reading:	Score:		Governmen	ent & Law:		Score:
Writing:	Score:		Health:			Score:
CASAS Exit Post-test:			Date:			

I certify that the statements above are true and correct to the best of my ability.

Applicant's Signature

Date





Graduation Checklist

The checklist is to be completed by ABE Staff. Please initial and indicate the date of verification. Once completed, have student acknowledge the checklist below.

Verifying staff initial below:	Date verified:	Documents:	
		Book Clearance (Please verify any outstanding books in the	
		Promissory Note Tracker)	
		Payment Balance Clearance (Please verify any outstanding	
		balances from past HiSET Payment Plans)	
		TOPS Enterprise Update Record	
		ABE Session Update Record	
		Motheread/Fatheread or Parenting Class Certificate (Family	
		Literacy)	
		Certification of Employment for a minimum of 300 hours of work with agency's letterhead (Adult School)	
		HiSET Comprehensive Score Report (Printed out)	
		Request form with payment of \$15.00 for Petition to Graduate	
		CASAS Exit Post-test	

Verified by:

Staff Signature

Acknowledged by student:

Student Signature

Form was completed on this _____ day of _____ 20___.