



Adult Basic Education
 P.O BOX 501250 Saipan, MP 96950
 Tel: (670) 237-6713 / Email: abe.info@marianas.edu

HiSET/ ADULT SCHOOL HIGH SCHOOL EQUIVALENCY DIPLOMA APPLICATION

Name: _____ Age: _____
Last Name First Name M.I

Social Security No.: _____ Date of Birth: _____

Place of Birth: _____ Ethnicity: _____ Tel No.: _____

Citizenship: U.S. FSM Republic of the Marshall Islands
 Republic of Palau Other (specify): _____

Mailing Address: _____
P.O BOX # City State Zip Code

Residence: Saipan Tinian Rota How Long? _____

If you're not a CNMI Resident, Where: _____

Name and Address of Last School Attended: _____

Highest Grade Completed: _____ Date of Withdrawal: _____

Dates and Scores of Tests Taken

Mathematics: _____	Score: _____	Occupational Knowledge: _____	Score: _____
Science: _____	Score: _____	Community Resources: _____	Score: _____
S. Studies: _____	Score: _____	Consumer Economics: _____	Score: _____
Reading: _____	Score: _____	Government & 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

UPDATED: 11/14/19

**Note: Incomplete applications will not be accepted.*



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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____.

UPDATED: 11/14/19

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