

High School Completion/Equivalent Self-Certification Form

Name	:	D.O.B	
Please	e choose the <u>one</u> that applies to	you and fill in the informatio	n:
	I certify that I have graduated or will graduate from high school or have received the equivalent of a high school diploma (e.g., accredited alternative diploma program, HiSET or GED) by the start date of the semester for which I am applying.		
	Graduating Month and Year	Name of School	City and State
	I certify that I will not have graduated from high school or have received the equivalent of a high school diploma (e.g., accredited alternative diploma program, HiSET or GED) by the start date of the semester for which I am applying.		
	Graduating Month and Year	Name of School	City and State
be req in disc Transc of high	quired to return any Title IV fina ciplinary action from the college cripts may be used in course pla n school transcripts, including for	ncial aid funds I receive. Falsi e, including expulsion. ecement, and specific academ or proof of successful complet	om high school or equivalent, I may fication of records could also result ic programs may require submission tion of specific courses; therefore, rately placed into college courses.
Signat	ure		