Application J: 24 College Credit High School Equivalency Pathway

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

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK

Section A. For Applicant	t Use Only			
Applicant's Name Last Name	First Name	Middle Initial	Suffix	
Name at time of College Credits	s Earned (if different from above):	SSN:		
Mailing Address (Street/P.O. Bo	x)	•	Apartment Number	
City		State	Zip Code	
Date of Birth	Telephone Number	Email A	Address	
Month Day Year	() Area Code Number			
Name of College where Credits were Earned: Houghton University Additional College(s) where Credits were Earned:			e 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 when the school year in which the applicant turns 16 has ended (June 30th). 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 				
Applicant Signature		Date	Date	
Section B. Completed by the Registrar (Most recent, if more than one college.)				
Name of Institution Houghton University				
City and State of Institution Houghton, NY	Registrar Phone N 585-567-9350	lumber		
Registrar's Name	Registrar Email RegistrarsOffice@	Phoughton.edu	Institution's Seal or	
Registrar's Signature	Date		Stamp	

The certifying College <u>must</u> 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]	Mathematics [3 credits]	
Course:	Course:	
Course:		
Natural Science [3 credits] (Computer Science does not fulfill this requirement)	Social Science [3 credits]	
Course:	Course:	
Humanities [3 credits] Course:	College Degree Program Requirements, such as Electives [6 Credits]	
Course	Course:	
	Course:	