



The University of the State of New York  
 THE STATE EDUCATION DEPARTMENT  
 High School Equivalency (HSE) Office  
 P.O. Box 7348  
 Albany, New York 12224-0348  
 (518) 474-5906

**APPLICATION FOR THE NEW YORK STATE HIGH SCHOOL EQUIVALENCY DIPLOMA  
 BASED ON THE NATIONAL EXTERNAL DIPLOMA PROGRAM (NEDP)**

***THIS MUST BE COMPLETED BY THE AGENCY AND THE APPLICANT AND MAILED TO THE NYSED HSE OFFICE  
 ADDRESS NOTED ABOVE.***  
*(NEDP program completers who finished the NEDP program before 9/1/2016 will be granted a diploma by the Local Education Agency (LEA).)*

The New York State High School Equivalency (HSE) diploma, based on NEDP, is awarded to applicants who meet residency and age eligibility requirements, and who have successfully completed the ten (10) competency areas at a New York State Education Department (NYSED) approved NEDP agency.

Agency Recommending Diploma and Transcript			
6-Digit Agency Code:	Agency Name:		
Street Address:			
City:	State:	Zip Code:	
Lead NEDP Contact Name:		Lead NEDP Contact Phone Number: (    )	
Lead NEDP Email Address:		Alternative Phone Number: (    )	

Applicant Information			
Have you ever taken the 2002-2013 GED® test or the 2014-present TASC™ test in New York State? <input type="checkbox"/> Yes <input type="checkbox"/> No			
CASAS Student ID:    N		Date of Birth:	
Last Name:	First Name:	Middle Initial:	
Street Address:	Apt.	City:	Zip:
Social Security Number:		OR Other Gov't ID	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

Applicant Signature and Certification (In blue ink)	
<p>I understand that my eligibility for completing the NEDP was based on the information I provided the Agency at the time I enrolled in the program, information contained in this application, and in any other documentation I provided the Agency or the NYSED regarding my eligibility to participate in the NEDP program. I certify that I do not hold a high school diploma or HSE diploma recognized in the United States and have lived in New York State for at least 30 days. I certify that the information included with this application and any other attachment I provided to the Agency or to NYSED was complete and accurate to the best of my knowledge and belief. I further agree that if it is determined that I intentionally gave false information, my application and/or diploma can be rescinded.</p>	
Applicant Signature _____	Date ____ / ____ / ____ mm    dd    yyyy

NEDP Approved Agency Signature		
NEDP Program Manager Signature:	Name: _____	Date:
In blue ink <input type="checkbox"/> Verified Client Status Report <input type="checkbox"/> Verified Portfolio Review Form	Telephone Number: (    )	
	Email:	____ / ____ / ____ mm    dd    yyyy

**Directions to complete *Attachment N: Application for the New York State High School Equivalency Diploma Based on National External Diploma Program (NEDP)***

### 1. General Information

Program completers who meet all requirements of the National External Diploma Program (NEDP) must submit an **Attachment N\*** signed by their New York State (NYS) NEDP Approved Agency Program Manager. Once the completed **Attachment N** is received by the New York State Education Department (NYSED) High School Equivalency (HSE) Office, NEDP program completers will receive a NYS High School Equivalency Diploma.

### 2. Eligibility Requirements

All candidates for the NYS HSE Diploma based on the NEDP must be at least 18 years of age, have lived in New York State for at least 30 days and must **not** have already earned a high school diploma or a NYS HSE Diploma.

### 3. To Apply

The NYS NEDP Approved Agency and the NEDP program completer who meets all the eligibility requirements must follow the steps listed below to obtain a NYS HSE Diploma. Complete all information on **Attachment N** (all fields **must** be completed). Print legibly.

#### Agency Recommending Diploma and Transcript:

- Enter the 6-Digit Agency Code as assigned by the Comprehensive Adult Student Assessment Systems (CASAS).
- Enter the official NYS NEDP Approved Agency name and address.
- Enter the Lead NEDP Contact Name, email address and phone numbers.

Note: The Lead NEDP Contact is not always the same individual as the Program Manager for the NYS NEDP Approved Agency.

#### Applicant Information/Program Completer:

- Enter your CASAS Student ID (begins with “N”). If unknown, ask the agency.
- Enter your legal name. Do not use nicknames, alias or abbreviated names. The legal name will appear on your NYS HSE diploma. Using names other than your legal name may result in delays to receipt of your HSE diploma and inaccurate records.
- Enter your official mailing address. This is the address to which your HSE diploma will be mailed.
- Enter your Social Security number or other government ID.

#### Applicant Signature and Certification:

- Read, sign and date, using month, day, year format, the Certification in blue ink.

#### NEDP Approved Agency Signature:

- The NYS NEDP Approved Agency Program Manager (the overall administrator of the NEDP program) signs the application in blue ink. By signing, the Program Manager certifies that the applicant has demonstrated the competencies necessary to complete the NEDP as verified through *Portfolio Review Form* and the *Client Status Report*. Also provide phone, email and date, using month, day, and year format.

### 4. Mail the completed *Attachment N* to:

New York State Education Department  
High School Equivalency (HSE) Office  
P.O. Box 7348  
Albany, New York 12224

**Note: Do not mail the *NEDP Client Status Report* and/or the *Portfolio Review Form* to NYSED. Retain a copy of *Attachment N* for the program completer’s record.**

### 5. Additional Transcripts

The first NYS HSE Diploma is provided at no cost to the program completer. After the NYS HSE Diploma has been awarded, duplicates diplomas may be obtained by submitting an **Attachment H\*** to the address listed above. A nonrefundable fee of \$10.00 will be charged for each diploma requested.

\*Attachments may be found [here](#).