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
518-474-5906

	For office use only
N:	

Application R: Application for the New York State High School Equivalency Credit for Regents Examination Scores

If not using Online fillable form, please print clearly in blue or black ink.									
Section A. Applicant In	formation								
Name Last Name	First Name		Middle Initial		Suffix				
	2								
Name when Regents Examina	tion(s) Taken (if different from above	e):							
Mailing Address (Street/P.O. B	Anon	Apartment Number							
Maning Address (Street/F.O. B	oux)			Apar	tillelit Nu	iliber			
City		State	State			Zip Code			
Date of Birth	Telephone Number		Email Address (print neatly and clearly)						
			zman Maaress (prin	it incatify air	u cicarry)				
Month Day Year Last School District and School	Area Code Number	Иомо м	ou previously taken a	TASCIMor	CED®				
Last School District and School	i Attended:				GED® No□				
			1						
	or UUID, is required to link NYS Reg								
	JUID is obtained by setting up an acco								
	s the TASC TM - through their self-registsctest.com/. Provide your 9 digit UUII								
process. Go to https://newyork.ta	isclest.com/. I lovide your 9 digit O'O'I	J Here.							
	e awarded a New York State High S		ency Diploma unles	ss I meet th	e eligibili	ty			
requirements and have taken	and passed a minimum of one TAS	C^{TM} subtest.							
Ap		Date							
		2 44	-						
Signature of parent/gu	Date								
Cartina D. East Adalt E	described History III	1							
	ducation High School Equive	uency							
	Program Use Only								
	SE preparation program is ass	isting the ap	plicant in compl	eting this	form,				
please include the inform	ation below.								
Preparation Program Name:			Preparation						
			Program Code:						
Preparation Program Admini	strator Name (Print):		1	<u> </u>		1			
	. 7								
Preparation Program Administrator Signature (Blue or black ink only):									

Section C. For School Use Only									
Applicant's NYSSIS ID :		Certifying School BEDS Code							
Please check box if applicant does not have NYSSIS ID:									
Enrollment Status at Application									
Name of Certifying School									
Certifying School Address Institution's									
City	State	Zip Code	(Seal or					
		_		Stamp					
Principal / Superintendent Name (PRINT)	Telephone Number								
	Area Code Nun								
I do hereby certify, that the information given on this form and on any attachments, is true to the best of my knowledge. Principal / Superintendent Signature: Date:									
		•	- 4						
Indicate which of the following Regents Subject Area(s) the applicant has passed.									
Check only one box per Regents Examination Subject Area.									
Regents Examination Subject Area	Passed with a sco of 65 or higher	re Low Pass*	Appeal*	No Credit					
English / English Language Arts									
Mathematics									
Social Studies									
Science									
*If a Regents Exam score below 65 was considered passing for this student, due to the low pass and appeals provisions provided within Section 100.5 of the Regulations of the Commissioner of Education, please check the "Low Pass or Appeal" box only. The district representative who entered the information above will serve as the HSE contact and should complete the information below:									
Name: Email:		Phone:							
Check if student is designated an ELL (Low Pass* for ELA Only).									
Check if student is identified as a Student With a Disability (SWD) or had an active 504, with safety net option, at the time the Regent(s) was taken.									
If appeal scores are provided, the applicant must have taken the Regents in question at least two times; participated in interventions provided by the school to improve Regents' scores; passed the corresponding class; and met the provisions provided within Section 100.5 of the Commissioner of Education's Regulation. The cortifying school must return both pages of this form, with the applicant's corresponding									

The certifying school <u>must</u> return both pages of this form, with the applicant's corresponding official signed and sealed transcript(s), to the NYSED High School Equivalency (HSE) Office.

The HSE address is listed at the top of the form.

If no Regents credit can be issued, DO NOT send to NYSED; return the form to the applicant with an explanation.

If additional documentation or information is required this application will be maintained for six months after the HSE office has requested such information.