

**ATTACHMENT R: Application for the New York State High School Equivalency
 Credit for Regents Examination Scores**
 PLEASE PRINT CLEARLY IN BLUE OR BLACK INK

Section A. For Applicant Use Only

Applicant's Name					Last Name	First Name	Middle Initial	Suffix
Name at time of Regents Examination(s) Taken (if different from above):								
Applicant's Mailing Address (Street/P.O. Box)							Apartment Number	
City				State			Zip Code	
Applicant's Date of Birth			Applicant's Telephone Number			Applicant's Email Address		
Month	Day	Year	()	Number				
			Area Code					
Applicant's Last School District and School Attended:					Have you previously taken a TASC™ or GED® examination in NYS? Yes <input type="checkbox"/> No <input type="checkbox"/>			

I understand that I will not be awarded a New York State High School Equivalency Diploma unless I meet the eligibility requirements and have taken and passed a minimum of one TASC™ subtest.

_____ Signature _____ Date _____
 _____ Signature of parent/guardian (Required, if applicant is under 18) _____ Date _____

Section B. For School Use Only

Applicant's NYSSIS ID : <input style="width: 100px;" type="text"/>	Certifying School BEDS Code <input style="width: 100px;" type="text"/>
Please check box if not applicable: <input type="checkbox"/>	

Enrollment Status at Application Currently Enrolled in a School/District Not Currently Enrolled in a School/District

Name of Certifying School			
Certifying School Address			
City	State	Zip Code	
Principal / Superintendent Name (PRINT)		Telephone Number	
		()- Number	

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: _____

The certifying school must return page 1 and 2 of this form with the applicant's corresponding official transcript(s) to the address above.

Applicant Name:	NYSSIS ID:																		
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Section C. For School Use Only

**Please indicate which of the following Regents Subject Area(s) the applicant has passed.
Please check only one box per Regents Examination Subject Area.**

Regents Examination Subject Area	Passed with a score of 65 or higher	Low Pass or Appeal*	No Credit
English / English Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If a Regents Exam score below 65 was considered passing for this student at the time of testing 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.

Name of School(s) where Regents Examination(s) were taken and passed:

Principal / Superintendent Name (Print)

Principal /Superintendent Signature (Blue or black ink only):

**The certifying school must return this form with the applicant's corresponding official transcript(s) to:
High School Equivalency (HSE) Office,
89 Washington Avenue, EBA 460, Albany, New York 12234**