For office use only

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## 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

## 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	1										
Name Last N	lame		First Name			Mid	dle Initia	al				Suffi	ĸ
Name when <b>R</b>	egents Fyamina	tion(s) Take	<b>n</b> (if different from abov	(e).									
	egents Examina	tion(s) Take		<i>c)</i> .									
Mailing Addr	ess (Street/P.O. B	Box)							A	apar	tmen	t Nui	nber
City				State					Z	Zip C	ode		
Date of	Telephone Number	Email Address (print no						v and	l clea	rlv)			
		( )							•	, ,		• •	
Month Day	Year	Area Code	Number	-									
Last School District and School Attended:					Have you previously taken a TASCTM or GED®   Examination in NYS? Yes								
the company v process. Go to b I understand	which administers https://newyork.ta that I will not be	s the TASC <sup>TM</sup> asctest.com/. 1 e awarded a	ined by setting up an acc - through their self-reg Provide your 9 digit UUI New York State High S a minimum of one TA	istration ID here. School I	Equival	ency Dip	loma ur	nless	I mee	et the	e elig	ibilii	<u>y</u>
Applicant Signature						Date							
Signature of parent/guardian (Required, if applicant is under 18)						_	Date						
Section B.	For Adult E	ducation 1	High School Equiv	valenc	v								
	Preparation	Program	Use Only										
	Education HS de the inform		ation program is as w.	sisting	the ap	plicant	in con	nplet	ing	this	fori	n,	
Preparation Program Name:					Preparation Program Code:								
Preparation P	rogram Admini	strator Nam	e (Print):			1		1	1	1			
Preparation P	rogram Admini	strator Signa	ature (Blue or black inl	x only):									
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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 Currently Enrolled in a School/District Not Currently Enrolled in a School/District										
Name of Certifying School										
Certifying School Address Institution's										
City	State	Zip Code	Seal or Stamp							
Principal / Superintendent Name (PRINT)		Telephone Number								
I do haraby cartify that the information give	on on this form	Area Code Nur	st of my knowledge							
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:										
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 score of 65 or higher Low Pass* Appeal* No Creation										
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: Ema		Phone:								
Check if student is designated a										
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 certifying school must 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										
_		an explanation.	, return the form							
If additional documentation or information is required this application will be maintained for six months after the HSE office has requested such information. Page 2 of 2										