24 College Credit High School Equivalency Packet Checklist

Student Name: _____

ID:_____   DOB:_____

	Document Required	Notes
	Equivalency Pathway Application – Complete Section A of the application.	
	Complete Page 2 - Course Distribution Requirements. Use Degree Audit as a guide (no in progress classes may be used).	
	GCC Transcript Request Form/Fee – *Transcript Fee is $10.00 cash, check or credit card payable to GCC*	
	Certified Check or Money Order In the amount of $10.00 made payable to NY State Education Department	

Note: Any packet missing documents, containing incomplete documents, or if the student's course work is not complete will be returned to GCC employee or student that submitted it.

Send Packet (include all the above-required documents) to:
ACE Programs
Genesee Community College
One College Road
Batavia NY 14020

24 College Credit High School Equivalency Pathway Application

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

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 College Credits Earned (if different from above): | SSN:

Mailing Address (Street/P.O. Box) | **Apartment Number**

City | **State** | **Zip Code**

Date of Birth	**Telephone Number**	**Email Address**
___ ___ | ___ ___ | ___ ___ ___ ___ Month Day Year	(_____) _____ Area Code Number	

Name of College where Credits were Earned: | **Additional College(s) where 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 if they turn age 16 on or before June 30th of the school year in which they can legally drop-out of high school. 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

Section B. Completed by the Registrar (Most recent, if more than one college.)

Name of Institution

City and State of Institution	**Registrar Phone Number**	
Registrar's Name	**Registrar Email**	**Institution's Seal or Stamp**
Registrar's Signature	**Date**	

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

Transcript Request Form
Records Office – GCC

Fill out form completely, enclose payment of **$10.00** for each copy and send to:
Make checks payable to Genesee Community College.

Attn: Records Office
Genesee Community College
1 College Road
Batavia NY 14020
Fax number: 585-345-6810

Please Print

Last Name _____ First _____ MI _____

Name while attending Genesee, if different than above _____

ID/SSN _____ Date of Birth _____ Date of request _____

Transcripts will not be released without <u>student's signature</u>.

Signature _____

Address _____

City, State, Zip _____

Telephone number _____

Please send: (   ) **Official** copy   or   (   )   Student copy

(   ) Send **now**   or   (   )   Send at **end of semester:** **Fall Spring Summer Winterim**
(circle one)

HOLD for: (   ) Grades   and/or (   )   Degree awarded   **Fall Spring Summer Winterim**
(circle one)

Send transcript to:

Name/Institution: _____

Mailing Address: _____

_____

City: _____ State: _____ Zip Code: _____

Number of transcripts to be sent to this address _____

****

Office use only:
<u>Records:</u>   Amount $ _____
payment: cash / check #_____ / debit/credit card / waive / resend   date_____ initial _____

<u>Business Office:</u>
initial _____ fee _____ date _____

****

<u>Paying by credit card:</u>   Visa ____ MasterCard ____ Amount $_____   3 digit security code _____
(located back of card)
Card number: _____ expire date _____

Name on card (please print) _____