

APPLICATION FOR HIGH SCHOOL EQUIVALENCY DIPLOMA and/or CERTIFICATE OF GENERAL EDUCATIONAL DEVELOPMENT PI-1716 (06-14)

Name Last First, Middle Initial		Suffix	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Check One <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Check All that Apply <input type="checkbox"/> American Indian/Alaska native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> White	Date of Birth Mo./Day/Yr.
Address Street, Rt. Or PO Box				City	State	Zip	
Wisconsin Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	Migrant Worker <input type="checkbox"/> Yes <input type="checkbox"/> No	Child of a Migrant Worker <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently Enrolled in a Public/Private School <input type="checkbox"/> Yes <input type="checkbox"/> No	Student Contracted under 118.15(1)(c)2 <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the class which you entered grade 9 graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, Give Mo./Yr. class will graduate	
Name/Address of Last School Attended					State	Last Grade Completed	Year Left School
Reason for Taking Test: <input type="checkbox"/> Personal Satisfaction on obtaining certificate/diploma <input type="checkbox"/> Military <input type="checkbox"/> Employment <input type="checkbox"/> Desire to further my education				<input type="checkbox"/> Other Specify:		Fee <input type="checkbox"/> 1=\$15 <input type="checkbox"/> 2=\$5 <input type="checkbox"/> 3=Fee Waived	FOR LOCAL USE ONLY
<input type="checkbox"/> Certificate of General Educational Development <input type="checkbox"/> High School Equivalency Diploma (HSED)		HSED Options <input type="checkbox"/> PI 5.05 <input type="checkbox"/> PI 5.06 <input type="checkbox"/> PI 5.07 <input type="checkbox"/> PI 5.08 <input type="checkbox"/> PI 5.09					
I CERTIFY that the information provided above is true and accurate to the best of my knowledge and grant permission for release of high school equivalence test scores to any requestor. Applications cannot be processed without social security number.							
Signature of Applicant				Date Signed Mo./Day/Yr.	Social Security Number		
Wisconsin Department of Public Instruction, High School Equivalence Program, PO Box 7841, Madison, WI 53707-7841 (608) 267-9245 or (608) 267-1062							

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Applicant's Name _____

Center Name _____

Center Address _____

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To be completed by counselor / testing center

Completed counseling sessions provided by:

Sessions included: *Check all that apply.*

- Assessment of applicant's reading level, career interests, and aptitudes.
- Discussion of options available regarding completion of high school, the high school equivalency diploma, the certificate of general educational development, and the requirements, benefits, expectations, and limitations of each option.
- Development of a plan for completion of one of the options discussed and subsequent activities necessary to work toward an identified goal, career, or occupation.
- Employability Skills achieved

Health
 Course .5 H.S. Credit
 Test Score _____

Civic Literacy
 Course 3 Credits H.S. Social Studies
 Test Score _____

FINAL TEST SCORES

Test	Form	Date	Std. Score
English			
Social Studies			
Science			
Literature			
Math			

TOTAL ➤ _____

Signature of Chief/Alternate Examiner _____
 Date *Mo./Day/Yr.* _____

FOR DPI USE ONLY

Certificate No. (GED)	Date <i>Mo./Day/Yr.</i>	Diploma No. (HSED)	Date <i>Mo./Day/Yr.</i>

In lieu of GED test administration, approval is hereby granted applicant to receive diploma as a direct result of satisfaction in one or more of the following.

- HSED (5.05) H.S. Credit (5.06) Post Secondary (5.07)
- Foreign Diploma/Degree (5.08) DPI Approval Program (5.09)

Signature of DPI Administrator _____
 Date *Mo./Day/Yr.* _____

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