THE NEW YORK STATE EDUCATION DEPARTMENT
High School Equivalency (HSE) Office
89 Washington Avenue, EBA 460
Albany, New York 12234

Application J Form: 24 College Credit High School Equivalency Pathway

Instructions:

1. Complete Part A below.
2. Provide this completed form to the institution official to complete Part B and verify that the information is accurate.
3. The completed form and an official transcript need to be mailed to the NYSED HSE Office at the address listed at the top of the form.

- Applicant must have been a recognized candidate in a college-level 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 when the school year in which the applicant turns 16 has ended (June 30th). Please note that school districts may opt to designate age 17 as the MCSAA, pursuant to NYS Education Law § 3502(3).

Part A: Document Holder Information

First Name	Middle Initial	Last Name	Suffix

Name at time of College Credits earned (if different from above):	Government Issued ID (ex. SSN or Driver's license):

Date of Birth (mm/dd/yyyy)	Student telephone number	Email Address (print neatly and clearly)

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

City	State	Zip Code

- 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 complete 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 Credit 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:	Today's Date:

Part B: Completed by the Registrar (Most recent, if more than one college):

Name of institution:	City and State of Institution	Registrar's Phone Number:

Registrar's Name	Registrar's Email:
Registrar's Signature:	**Date:**

Institution's Seal or Stamp

The certifying College must return this form with the applicant's corresponding official transcript(s) to the address on the top of the form.

Last revised: 4/11/2024

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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@nysed.gov.

English Language Arts [6 credits] Course: _____ Course: _____	**Mathematics [3 credits]** Course: _____
Natural Sciences [3 credits] **(Computer science does not fulfill this requirement)** Course: _____	**Social Sciences [3 credits]** Course: _____
Humanities [3 credits] Course: _____	**Any courses within the registered degree or certificate program [6 credits]** Course: _____ Course: _____