



EDUCATIONAL STATUS CHANGE

DATE: _____

STUDENT ID #: _____

SEMESTER & YEAR: _____

LAST NAME: _____

FIRST NAME: _____

MI: _____

DOB (MM/DD/YYYY): _____

AGE: _____

(If you are under 18, please submit your original High School Diploma, GED, Certificate of H.S. Equivalency, or H.S. Proficiency Certificate)

▶ PLEASE CHANGE MY EDUCATIONAL STATUS FROM "CURRENT HIGH SCHOOL STUDENT" TO ONE OF THE FOLLOWING (Please check one):

EARNED A U.S. HIGH SCHOOL DIPLOMA

PASSED THE GED OR RECEIVED A CERTIFICATE OF H.S. EQUIVALENCY

EARNED A CALIFORNIA HIGH SCHOOL PROFICIENCY CERTIFICATE

NOT A HIGH SCHOOL GRADUATE, LAST ATTENDED HIGH SCHOOL (Please include MM/YYYY): _____

NOT A HIGH SCHOOL GRADUATE, CURRENTLY ENROLLED IN ADULT SCHOOL

▶ DATE AWARDED (MM/DD/YYYY): [H.S. DIPLOMA, GED, CERTIFICATE OF H.S. EQUIVALENCY OR H.S. PROFICIENCY CERTIFICATE] _____

▶ NAME OF INSTITUTION WHERE AWARDED: _____

▶ CITY & STATE INSTITUTION LOCATED IN: _____

X _____

STUDENT'S SIGNATURE (Required)

DATE

OFFICE USE ONLY--Processed by & Date