## HSCH17

## 2016-2017 HIGH SCHOOL COMPLETION STATUS



SECTION A: STUDEN	INFORMATION		
FIRST NAME:	LAST NAME:	S	TUDENT ID:
PERMANENT ADDRESS:			
CITY:	_STATE:	ZIP:	PHONE:
from your Free Applic <u>PLEASE NOTE:</u> ./ We cannot continu ./ All required docur	ation for Federal Student A ue processing your financi nents must be returned to	Aid (FAFSA) with al aid until all requ our office within t	ed by federal law (34 CFR, Part 668) to compare the information the information provided on this form. uired financial aid documents have been submitted. wo weeks. tion provided on this form.
SECTION B: HIGH SC	HOOL COMPLETION S	TATUS	
			PLIES TO YOU AND <u>ATTACH</u> THE NECESSARY COMPLETION STATUS AT THE START OF 2016-2017
	MA		
	ool diploma (preferred) ~ OF a school transcript that shows a awarded.		<ul> <li>PLEASE INCLUDE:</li> <li>Copy of your General Education Development Certificate (preferred) ~ OR ~</li> <li>Copy of your GED Transcript.</li> </ul>
STATE CERTIFICATE			TWO-YEAR PROGRAM COMPLETION
authorized examination	e you received after passing on which the state recognize chool diploma. This is NOT a	s as the	<ul> <li>PLEASE INCLUDE:</li> <li>Copy of your academic transcript that indicates you have successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.</li> </ul>
HOME SCHOOLED STU	JDENTS		HOME SCHOOLED STUDENTS
If state law requires stud completion credential for	dent to obtain a secondary s r homeschool:	chool	If state law does not require student to obtain a secondary school completion credential for homeschool:
PLEASE INCLUDE: A copy of that credentia	PLEASE INCLUDE: A copy of that credential. FOREIGN INSTITUTION		PLEASE INCLUDE:
FOREIGN INSTITUTIO			A transcript or the equivalent, signed student parent or guardian, that lists the secondary school courses student completed and include a statement that student successfully completed a
PLEASE INCLUDE: •Copy of the "seconda certificate" or similar d			secondary school education in a homeschool setting.
			OU ARE NOT ELIGIBLE TO RECEIVE FEDERAL FINANCIAL AID AL AID COUNSELOR TO DISCUSS YOUR OPTIONS.

FIRST NAME:	LAST NAME:	STUDENT ID:
SECTION C: CERT	IFICATION	
	ements or misrepresentation may be cause for	ments are accurate and complete to the best of my knowledge and that there is no forgery of signature(s). I for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment
STUDENT SIGNATURE:		Date:

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