



New Jersey Department of Education
Office of Vocational-Technical, Career and Adult Programs
Bureau of Adult Education and Family Literacy/GED

Application for a State-Issued High School Diploma

30 College Credit Route Program
(Available to Current NJ Residents Only)

LAST NAME

FIRST

MI

_____-_____-_____
Social Security Number

Current Address (Street, City, State, Zip)

Telephone; () _____ - _____

Age: _____

Birth Date ____/____/____
Month Day Year

Date of High School Proficiency Test (HSPA): _____
Month Day Year

Place of Testing: _____

Last School Attended: _____ Highest Grade: _____

Please check the appropriate statement(s):

_____ I have arranged to send to you an official transcript for scores on the High School Proficiency Assessment. (For example: HSPA, HSPT, MBS, SRA, etc.)

_____ I have arranged to send to you an official transcript (with seal) of 30 general educational course credits taken at an accredited institution of higher education.

_____ I am 16 or 17 years old and enclosing a Certificate of Consent Form that verifies my age and withdrawal from school with a parent/guardian signature.

Applicant's Signature: _____ Date: _____

Parent/Guardian's signature: _____ Date: _____
(For 16 & 17 year olds only)