



COMPETENCY-BASED HIGH SCHOOL EQUIVALENCY DIPLOMA OPTION

Application

Date of Application: _____ Adult Education Program: _____

Student Name: _____ SSN: _____ - _____ - _____ DOB: ____/____/____

Address: _____ City: _____ State: **MS** Zip Code: _____

Student Email Address: _____ Student Phone Number: _____

Applications will be processed by the Office of Adult Education. **Incomplete applications will be returned.**

Application and all documentation should be mailed to:
Mississippi Community College Board Office of Adult Education
3825 Ridgewood Road Jackson, MS 39211

Application Requirements:

- _____ Copy of Driver's License or state-issued I.D.
- _____ For *16- and 17-year-olds Only*: Attach a copy of withdrawal form from school district in which the student resides)
- _____ Copy of Student's TABE Testing Portfolio. (Minimum scale scores: 563 for Reading and 577 for Total Mathematics for Educational Functioning Level 4)
- _____ Copy of college transcript verifying 15 hours of college credit earned
- _____ Copy of Mississippi Smart Start Credential including credential number
- _____ Copy of National Career Readiness Certificate: **SILVER**
- _____ Copy of Industry Recognized Credential

Adult Education Director: _____ Date: _____

Print Name

Signature

Office of Adult Education ONLY:

Date Uploaded Diploma Sender: _____ Verified by: _____

HSE Director: _____

Note: The Office of Adult Education will upload documents via a secure site to Diploma Sender. Applicants will receive an email from Diploma Sender with instructions for ordering a complimentary diploma and transcript. The \$25.00 application processing fee will be paid directly to Diploma Sender at the time of order.