



ADULT HIGH SCHOOL DIPLOMA APPLICATION FORM.....Part 1
 Department of Post-Secondary Education
 Certification Unit – 6187-01E (09/2017)

PLEASE PRINT CLEARLY

LAST NAME:		FIRST NAME:			MIDDLE NAME/INITIAL:
PREVIOUS NAME (if applicable):					
<i>A copy of your birth certificate or driver's license is required. If the name used above does not match the name on the documents you are submitting, please attach note of explanation and proof of name change.</i>					
DATE OF BIRTH:	Year	Mo.	Day	TELEPHONE:	
<i>Age requirement is 19 (18 with principal's support - letter required)</i>					
MAILING ADDRESS:					
POSTAL CODE:					
IN WHAT YEAR DID YOU LAST ATTEND A PUBLIC SCHOOL: _____					

Incomplete applications submitted without all official transcripts and documentation will be returned to you.

Mail this completed application form and all relevant documents to:

ADHS Administrator
Department of Post Secondary Education
Certification Unit
PO Box 6000, 470 York Street, Suite 120
Fredericton, NB E3B 5H1

I CERTIFY THAT:

- A - I have **not** graduated with a regular high school diploma.
- B - I am at least **19** years old or have my principal's support (letter included) at 18 years of age.
- C - I have successfully completed all course requirements and I am submitting all transcripts.

Signature

Date

PLEASE COMPLETE PART 2 ON THE REVERSE SIDE OF THIS FORM

ADULT HIGH SCHOOL DIPLOMA APPLICATION FORM.....Part 2

NAME:

Course/Credit information *must* indicate if course was modified.

REQUIREMENTS	SUBMISSION	SCHOOL	DATE	FINAL MARK
Refer to Information Booklet for list of acceptable courses/credits	List courses/credits you are submitting for consideration	Name of school that issued this credit	School year	
1. MATHEMATICS 11				
2. ENGLISH 12				
3. SCIENCE 11/12				
4. FRENCH (second language, high school credit)				
5. HISTORY/SOCIALSTUDIES 11/12				
6. OPTIONAL STUDIES 11/12	1.			
	2.			
	3.			
7. COMPUTER LITERACY (high school credit)				

Incomplete applications submitted without all official transcripts and documentation will be returned to you.

To avoid delays, please check-off that the following information is included with your application:

- | | |
|---|---|
| <input type="checkbox"/> Full name (<i>proof of change if applicable</i>)
<input type="checkbox"/> Date of birth
<input type="checkbox"/> Copy of birth certificate or driver's license
<input type="checkbox"/> Full mailing address including postal code
<input type="checkbox"/> Telephone number | <input type="checkbox"/> Letter of support if under 19 years old
<input type="checkbox"/> All official high school transcripts . . .
<input type="checkbox"/> . . . including French and computer literacy
<input type="checkbox"/> Official French exemption (<i>if applicable</i>)
<input type="checkbox"/> Sign and date application on Page 1 |
|---|---|