



MIDDLESEX
Community College

High School Graduation/High School Equivalency Certification Form

Dear Applicant:

After reviewing our files, we found that information related to your high school graduation or graduation date was missing or incomplete. We ask that you complete the information, sign the form and return it in the enclosed, self-addressed, stamped envelope. You may also drop it off at the Student Information Center at 591 Springs Road, Bedford, MA 01730 or at 33 Kearney Square, Lowell MA 01852. If you have any questions, please call 1-800-818-3434.

Note: A Hold will remain on your account until this form is received.

Last Name: _____ First Name: _____ MI: _____

Student ID Number: A _____ DOB: _____

High School Last Attended: _____

1. Did you graduate from high school, check one:

_____ Yes, Date of Graduation: _____ / _____ [Go to A or B below]
(Month/Year)

_____ No, I did not graduate from high school [Go to Number 2 below if applicable]

If you answered **Yes**, please answer A or B below:

A. If you graduated from high school in 2003 or later, check one:

_____ I earned my high school diploma and met MCAS requirements

_____ I earned my Massachusetts Certificate of Attainment

_____ I earned my high school diploma from a school that did not have MCAS requirements

B. If you graduated from high school prior to 2003, check below:

_____ I earned my high school diploma prior to 2003

2. If you earned a High School Equivalency credential, check below:

_____ GED on _____ / _____ or _____ HiSET on _____ / _____
(Month/Year) (Month/Year)

I certify that all information stated on this form is accurate and complete.

Signature: _____ Date: _____