

Name (Last, First): _____

SUA ID #: _____

Date: _____

Cell Phone #: _____

You must complete all sections. Do not leave any question response blank. Forms submitted with blanks will be considered incomplete and may delay receipt of financial aid.

SECTION A: VERIFICATION OF HIGH SCHOOL COMPLETION

Please attach **ONE** of the following documents to this form indicating your high school completion status as of the date you will begin your classes at Soka University of America for the **2020–2021** academic year:

- A copy of the student's high school diploma.
- For students who completed secondary education in a foreign country:
 - A copy of the "secondary school leaving certificate" or other similar document.
- A copy of the student's final official high school transcript that shows the date when the diploma was awarded.
- A state certificate or transcript received by a student, after that student passed a state-authorized examination that the state recognizes as the equivalent of a high school diploma (e.g., GED test, HiSET, TASC, or other state-authorized examination).
- An academic transcript that indicates the student has successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.
- For a student who was homeschooled in a state where state law **does** require the student to obtain a "secondary school completion credential" for home-schooling (other than a high school diploma or its recognized equivalent):
 - A copy of the "secondary school completion credential".
- For a student who was home-schooled in a state where state law **does not** require the student to obtain a "secondary school completion credential" for home-schooling (other than a high school diploma or its recognized equivalent):
 - A transcript, or the equivalent, signed by the student's parent or guardian, that lists the secondary school courses completed by the student; and which includes a statement stating that the student successfully completed a secondary school education in a home-school setting.

SECTION B: SIGNATURE(S)

By signing this form, you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form.

Student Name (print)

Signature

Date

(This form requires handwritten signatures. Photocopies of handwritten signatures are permitted. Electronic, or typed, signatures will not be accepted.)

Please email, mail, or deliver this form in person to the address below. Please write your ID# on attached or supporting documents.

