

Applicant Name:	NYSSIS ID:																		
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Section C. For School Use Only

**Please indicate which of the following Regents Subject Area(s) the applicant has passed.
Please check only one box per Regents Examination Subject Area.**

Regents Examination Subject Area	Passed with a score of 65 or higher	Low Pass or Appeal*	No Credit
English / English Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If a Regents Exam score below 65 was considered passing for this student at the time of testing due to the low pass and appeals provisions provided within Section 100.5 of the Regulations of the Commissioner of Education, please check the "Low Pass or Appeal" box only.

Name of School(s) where Regents Examination(s) were taken and passed:

Principal / Superintendent Name (Print)

Principal /Superintendent Signature (Blue or black ink only):

**The certifying school must return this form with the applicant's corresponding official transcript(s) to:
High School Equivalency (HSE) Office,
89 Washington Avenue, EBA 460, Albany, New York 12234**