

GED Form 5
ALTERNATE ADULT HIGH SCHOOL
DIPLOMA PROGRAM APPLICATION
(2007-2008)

ADULT EDUCATION DIRECTOR'S USE ONLY

I certify that _____
(first, middle, last, suffix [i.e. Jr., II, etc])

_____, _____, has been administered the Official GED
(date of birth mm/dd/yy) (social security or tax identification number)

Practice Test and has achieved standard scores of 500 or greater on each part. He/she has also attended 25 or more hours of GED preparation instruction.

Adult Education Director (or designee) Date

Phone Number

FOR PRINCIPAL'S/DESIGNEE'S USE ONLY

**I recommend _____
be administered the following:**

- GED Test Battery (initial)**
- Retest on Language Arts, Writing**
- Retest on Language Arts, Reading**
- Retest on Social Studies**
- Retest on Science**
- Retest on Mathematics**

(Name of High School)

(Principal's or Designee's Signature and Date Signed)

(Phone Number)

(E-mail Address)

FOR GED TESTING CENTER USE ONLY

To be compensated for the testing fee, complete the following information and send a copy to the GED Testing Program, Department of Postsecondary Education, 401 Adams Avenue, Montgomery, Alabama 36130-2130.

Initial Test Date: _____ () \$50.00

Retest Date(s):

Language Arts, Writing: () \$10.00

Language Arts, Reading: () \$10.00

Social Studies: () \$10.00

Science: () \$10.00

Mathematics: () \$10.00

I certify that the information is correct and the amount of compensation claimed is accurate.

Chief GED Examiner's Signature and Date

GED Examiner's Phone Number

GED Examiner's E-mail Address

It is the official policy of the Department of Postsecondary Education that no person in Alabama shall, on the grounds of race, color, disability, sex, religion, national origin, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.