

## High School Graduation or Equivalency Attestation Form

I, \_\_\_\_\_ (legal name), have applied for admission to Simmons University. I understand that one requirement for admission to a bachelor's degree completion program is graduation from a high school or passing a high-school equivalency exam.

Please note: This form may not be used by Nursing applicants, as the Massachusetts State Board of Nursing requires universities hold an official high school transcript or equivalency from all nursing students.

### I hereby certify that:

\_\_\_\_\_  
Initial

I graduated from \_\_\_\_\_  
Name of High School

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Date of Graduation (MM/YYYY)

\_\_\_\_\_  
Initial

I earned a High School Equivalency \_\_\_\_\_  
Type of Equivalency (GED, HiSET, etc.)

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Date of Exam (MM/YYYY)

### Student Information:

\_\_\_\_\_  
Name at Time of Attendance

\_\_\_\_\_  
Date of Birth

If, for any reason and at any time, this attestation of high school graduation or high school equivalency completion is found to be false or untrue, I understand that I will not have met an admission requirement of Simmons University and, thus, will be subject to immediate dismissal from Simmons University and its programs.

Upon dismissal, I understand that I would not be entitled to a refund for any monies paid to Simmons University. Furthermore, I understand that if this attestation is found to be false or untrue, all Title IV financial aid and any state or institutional financial aid that was distributed on my behalf must be refunded to the appropriate source and that I will be responsible for payment to Simmons University for any and all money refunded.

Please note that Simmons reserves the right to request a high school transcript should the admission committee require additional information in order to make a determination on an applicant's candidacy.

**By signing below, I attest that the information above is true and correct to the best of my knowledge. Furthermore, I authorize Simmons University to contact my high school or high school equivalency exam administrators to confirm the accuracy of the above information.**

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_