

**ASSURANCE OF HSED COMPLETION
OPTION 3
POSTSECONDARY DEGREE**

Directions: Once a participant has successfully completed all the requirements for this HSED Option, fill out this assurance, sign, and upload it in DiplomaSender™.

Comprehensive Intake

_____ Participant completed a comprehensive intake that consists of each of the following components. Documentation or evidence of these intake items are maintained in the participant's file.

_____ Completed a registration or enrollment form

_____ Assessed participant's reading level

_____ Assessed participant's career interests and aptitudes

_____ Discussed program options

_____ Developed an action plan

Residency

_____ Participant has been a resident of Iowa at least 90 days prior to the beginning of this application.

Official Transcripts

_____ Participant provided official transcripts from a regionally accredited postsecondary institution that documented completion of a postsecondary degree that was equivalent to an associate degree or higher that included general education coursework.

Required Uploads to DiplomaSender™

_____ Proof of age

_____ Proof of Iowa residency

_____ Official postsecondary transcripts

_____ Assurance of HSED completion (this form)

Name of Participant: _____

SSN # or College ID: _____

Location: _____

Verified by (signature): _____

Title: _____