



## Attestation of High School Graduation or Equivalency

I, \_\_\_\_\_ (legal name), have applied for admission to America School of Nursing and Allied Health (ASNAH). I understand that one requirement for admission to ASNAH is graduation from a high school or a high-school equivalency.

I hereby certify that:

\_\_\_\_\_ I graduated from \_\_\_\_\_  
**Initial** **Name of School**

\_\_\_\_\_ **City, State, Country** \_\_\_\_\_ **Date of Graduation (MM/YYYY)**

\_\_\_\_\_ I earned a High School Equivalency \_\_\_\_\_  
**Initial** **Type of Equivalency**

\_\_\_\_\_ **City, State, Country** \_\_\_\_\_ **Date of Exam (MM/YYYY)**

If for any reason, 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 ASNAH and I will not be considered a regular student and, thus, will be subject to immediate dismissal from ASNAH.

Furthermore, I understand that if this attestation is found to be false or untrue, all 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 ASNAH for any and all money refunded.

**By my signature below, I attest that the information provided above is true and correct to the best of my knowledge.**

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