



MICHIGAN HIGH SCHOOL EQUIVALENCY AGE WAIVER REQUEST FORM

The minimum age to take a high school equivalency test in Michigan is 18 years old. For the minimum age requirement to be waived, it is assumed the HSE candidate can pass either the GED® test Series or HiSET® Test Series. In addition, a justification must be provided by the minor as to why high school equivalency testing is in his or her best interest. Examples include, but are not limited to:

- An individual becomes the head of a household or otherwise needs to secure employment to support the family.
- An individual is pregnant or has a child and will not be returning to traditional high school.
- An individual has a medical condition or learning disability that prevents him/her from completing a traditional high school.
- An individual with exceptional academic skills is seeking to be admitted to a college or university but does not have a high school diploma.
- An individual has been expelled from school and will not be able to return to graduate with his/her class.
- An individual has been disruptive in the community and/or has had problems with law enforcement or court officials, such as a judge or probation officer, and a school psychologist or a social worker recommended high school equivalency testing as being in the best interest of the individual.
- An individual who has exhausted all other options and has earned a minimum number of high school credits so cannot earn enough academic credit to graduate with his/her class, and wishes to move on to employment, job training opportunities, and/or college.
- An individual who is unable to stay in traditional high school, and with the support and agreement of his/her family and school principle, it is determined that it is in the best interest of the student to obtain their high school equivalency to continue with employment, job training, and/or be admitted to a college or university

This form must be signed by a parent or guardian, as well as by the superintendent or designee of the school district last attended. The school district must also provide the last date of attendance. All information on this form must be complete and accurate to be processed. Missing information may delay an approval or result in a denied request. For the age waiver to be approved, **the minor must have an established account with GED® or HiSET®**. Accounts may be created online at www.ged.com or <http://hiset.ets.org/>. All HiSET® testers must include their ETS ID number. This number will be assigned when a minor has an established HiSET account.

Once completed, the **Michigan High School Equivalency Age Waiver Request Form** must be submitted via email to the Michigan Department of Labor and Economic Opportunity, Workforce Development, Adult Education Office for approval at LEO-HSEProgram@michigan.gov.

Note: High School Equivalency Age Waiver Request Form must be legible to be processed. Forms that cannot be read or have missing information may delay an individual's approval or result in a request being denied.

For more information about high school equivalency testing in Michigan, please refer to [Michigan High School Equivalency Requirements](#) for Testing and Issuance of Certificate.



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Student Name: _____	Date of Birth: _____
Email: _____ <input type="checkbox"/> No Email	

- a) I am no longer enrolled in a traditional K-12 instructional program (School district must provide **Last Day of Attendance** below)
- b) I am at least 16 years of age and less than 18 years old (A copy of a government-issued ID must be provided, such as driver's license, Michigan driver's permit, birth certificate, or State ID card)
- c) I am authorizing the Educational Testing Service (HiSET®) or the GED Testing Service (GED®) to send test results to the school district last attended.

I believe this waiver is in my best interest for the following reason(s): (This section must be completed by the student and provide sufficient detail to justify why high school equivalency testing is in his or her best interest. Attach additional sheets, if necessary.)

Signature of Student: _____	Date: _____	Test Option: (Choose One) <input type="checkbox"/> GED <input type="checkbox"/> HISET ETS ID: _____
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We, the undersigned, agree that it is in the best interest of this individual to take the high school equivalency exam.

Signature of Parent/Guardian: _____	Date: _____
Printed Name of Parent Guardian: _____	Phone Number: _____
Signature of Superintendent or Designee of last school attended : _____	Date: _____
Printed Name of Superintendent/Designee: _____	Phone Number: _____
Name of School District/City/State: _____	Last Day of Attendance : _____

Please return completed form to LEO-WD, Office of Adult Education via email to LEO-HSEProgram@michigan.gov.