

2020-2021 V4-VERIFICATION

LAST N	AME	FIRST NAME	FIRST NAME	
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER		ANDREWS UNIV	ANDREWS UNIVERSITY ID NUMBER	
STUDENT'S EMAIL ADDRESS		TELEPHONE/MC	TELEPHONE/MOBILE	
Verific	cation of high school completion (check applicable box)			
	I have received a diploma from		(name of high school or academy).	
	Diploma awarded on	(date).		
	☐ I have completed a GED test, High School Equivalency Test (HiSET), Test Assessing Secondary Completion (TASC), or other State-authorized exam.			
	I have completed a home school program.			
	I have completed secondary education in a foreign country.			
	I have successfully completed at least a two-year program that is acceptable for full credit toward a bachelor degree.			
Studer	nt signature		Date	



Log in to finVue from andrews.edu/sfs to monitor & satisfy any additional requirements until your award is complete.

Web:

Fax to: 269.471.3228

Phone: 269.471.3334

Email: sfs@andrews.edu

www.andrews.edu/sfs

Mail to: Andrews University

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