



Tysons Campus
8620 Westwood Center Dr.
Vienna, VA 22182
TEL. 703-206-0508

Rockville Extension
20 West Gude Dr.
Rockville, MD 20854
TEL. 301-929-0565

Diploma Waiver Form

Name:
First Middle Last

Date of Birth: **Gender:** Male Female
MM / DD / YY

Address:
Street Address Apt / Unit #

City State Zip Code

Phone: **Email:** @
Cell

1. United States

High School Name:

Address:
Street Address

City State Zip Code

2. Abroad

High School Name:

Address:
Street Address

City, Country Province/ Territory

I, _____, affirm that I have graduated from a Board of Education accredited High School in the U.S. or an Abroad Equivalent High School and am currently not in possession of my Graduation Diploma.

Student Signature

Date