



Date: \_\_\_\_\_

Dear Administrator:

\_\_\_\_\_ is seeking admission to the Shawnee Community College Adult Education Program in one of the following areas:

\_\_\_\_\_ Alternative High School

\_\_\_\_\_ General Education Development (GED)

\_\_\_\_\_ Other \_\_\_\_\_

This form is verification that the above student is separated from the local high school and transitioned to SCC Adult Education classes.

Please Mail to:

Shawnee Community College  
Attn: James Darden  
8364 Shawnee College Road  
Ullin, IL 62992

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Name of Referring High School

\_\_\_\_\_  
Date