



Norfolk State University  
 School Of Social Work Outreach  
 GED Application  
 GED Book must be purchase in the NSU Bookstore (Scott Dozier)  
**Fees \$45.00 Non refundable, payable prior to classes.**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_ City State Zip

Phone Number Daytime \_\_\_\_\_ Evening \_\_\_\_\_

Email Address \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_ City State Zip

Telephone \_\_\_\_\_

Last Grade Attended Completed \_\_\_\_\_

Have you taken the GED test before (if yes, what parts did you pass)? \_\_\_\_\_ What State \_\_\_\_\_

**Proof of Residence**

\_\_\_\_\_ Photo ID \_\_\_\_\_ Drivers Permit \_\_\_\_\_ Other \_\_\_\_\_

Income:( Verification may be required)

\_\_\_\_\_-\$5,000-10,000 \_\_\_\_\_-\$11,000-19,000 \_\_\_\_\_-\$20,000-25,000 Other \_\_\_\_\_

Do you have any Dependents? \_\_\_\_\_ How many? \_\_\_\_\_

Employer \_\_\_\_\_ Number of Hours Work \_\_\_\_\_

Are there any barriers that would hinder your attending class, if yes please state \_\_\_\_\_

Do you have any medical issues/challenges, if so please state \_\_\_\_\_

Are you currently under Doctors Care? \_\_\_\_\_

Are you currently under a doctor's care? YES NO

What inspired you to obtain your GED at this time? \_\_\_\_\_

Are you open to a mentor contacting you to verify your progress and provide tutoring? Yes No

**For follow-up Purposes:**

Please provide a name and contact number of someone who will always know how to contact you.

\_\_\_\_\_ Name Relationship Telephone Number

What will you do differently after you obtain your GED? (increase wages, promotion, school, etc \_\_\_\_\_)

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Signature

Date

***Please call to schedule a pretest date. See brochure on line for times and dates.***