

College of Central Florida Jack Wilkinson Levy Campus Adult Education/Career Pathways Program 15390 N.W. Highway 19 | Chiefland, Fl. 32626 352-658-4077

## **GED Referral Form**

Student Name:		DOB:	Phone:	
(First)	(Last)	(MM/DD/YYYY)		
Parent/Guardian Name:	(Last)	Parent Phone:		
Student Email:(Please F	rint Clearly)	County:	Last Grade Completed:	
(Freuse F	Time circuity)			
☐ School:	[	Homeschool:	I	
			(Program) (District)	
Class enrollment occ	-	ach semester and as su	Education Enrollment Coordinator. ch a student may have to can enroll.	
			arty:	
Referred by:	Or	ganization:		
Reason for referral:				
Is the student wanting to challenge to	ne GED? □ Yes   □	No		
Note: The Florida Dept. of Educo own must first take and pass ea sub-tests must be taken in a pro at the College of Central Florida have completed & passed each	ch of the GED Ready Sub ctored environment, wh Jack Wilkinson Levy Can	n-tests prior to receiving ich can be scheduled wi npus. The student shoul	an Age Waiver. The GED Ready th our Enrollment Coordinator	
Additional Notes (optional):				

Please complete & scan referral form to: <a href="mailto:dunnc@cf.edu">dunnc@cf.edu</a>

Christine Dunn
Enrollment Coordinator
College of Central Florida Jack Wilkinson Levy Campus
Adult Education / Career Pathways Program
dunnc@cf.edu | 352-658-4077 Ext. 2119