



MCF-Faribault

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I, _____,
Print full name

have reviewed the information and process for earning my Adult Diploma through the State of Minnesota with an advisor from the Minnesota Department of Corrections. I have been given the opportunity to ask questions about this information and agree to abide by the guidelines. I understand that this diploma process includes a final approval from the Minnesota Department of Education and changes and/or adjustments in how the competencies are credited and/or earned may occur.

In the event that I am released before completion of the Adult Diploma competency requirements, I understand that I may not be able to complete the Adult Diploma completion process through the Department of Corrections. I will be given a list of the ABE centers participating in the Adult Diploma program and understand it is my responsibility to contact another ABE center to continue working toward the Adult Diploma.

In the event that I am transferred to another correctional facility before completion of the Adult Diploma competency requirements, I understand that I may not be able to complete the Adult Diploma competency completion process at another facility. The facility to which I am being transferred will provide continuation of the process if it has the resources and capacity.

Upon completion of the Adult Diploma process and approval from the Minnesota Department of Education, I will be issued a diploma from Minnesota Department of Education and Walter H. Maginnis High School.

I have chosen to pursue my Adult Diploma through the State of Minnesota process and understand that if I choose to resign from the process I will be placed on a waiting list for another educational program.

Student Signature

OID #

3-3-16

Date

Kosman

Department of Corrections

3-3-16

Date

Education Advisor

Contributing to a safer Minnesota

EQUAL OPPORTUNITY STATEMENT