

**Intent For Program Form**  
**submit form to [alteredhsepms@mdek12.org](mailto:alteredhsepms@mdek12.org)**

**Mississippi Department of Education  
High School Equivalency Program (HSEP)**

Application Completed BY \_\_\_\_\_ Application Date \_\_\_\_\_

School District \_\_\_\_\_ School District Code \_\_\_\_\_

School District Address \_\_\_\_\_

Telephone \_\_\_\_\_ HSEP POC \_\_\_\_\_ HSEP POC  
POC \_\_\_\_\_ Contact Email \_\_\_\_\_

HSEP Address \_\_\_\_\_

**Please check the appropriate box(es) below to indicate the district's High School Equivalency Program intent:**

**Discontinuation of Program:** The school district will discontinue the HSEP.

**No Program Development:** The school district does not intend to develop an HSEP.

**New Program Development:** The school district intends to establish a new HSEP.

**Continuation of Existing Program:** The school district will continue their HSEP.

**Current Program Participant:** The school district has entered an agreement with  
(school district) \_\_\_\_\_ as the lead district.

**Current Program Lead:** The school district has entered an agreement to serve as  
the lead in a consortium. List the school districts in the consortium.

