

Rigorous Course of Study ACG Validation Form

PART 1: This section to be completed by student.

G _____

_____ Date

_____ SSN

_____ Last Name

_____ First Name

_____ M.I.

_____ D.O.B.

_____ Street Address

_____ City, State

_____ Zip Code

_____ High school which you graduated from

_____/_____
Month/Year of City of High School
High School Graduation

_____ State

I hereby authorize high school officials to release information regarding my high school transcript and/or academic records to Gavilan College, Financial Aid Office.

_____ Student Signature

_____ Date

PART 2: This section to be completed by high school official.

Dear High School Official:

The student named above may be eligible for an additional grant in the amount of \$750 to \$1300 based on this validation. When validation is complete please mail to the Gavilan College Financial Aid Office.

The student identified above graduated from _____ on _____

Name of High School

Month/Year

and completed the following rigorous course study. Please check those that are applicable to student named above:

_____ Completed the California A-G Course Requirements

_____ Completed State Scholars Requirement

_____ Golden State Seal Merit Diploma

_____ AP exam # _____ Score _____ AP exam # _____ Score _____

_____ AP exam # _____ Score _____ AP exam # _____ Score _____

_____ California International Baccalaureate exam-score _____

_____ Completed out-of-state requirements in: _____
State

Type of rigorous course requirement

_____ **Student does not meet any of the requirements listed above.**

_____ Print Name of Principal or Designee

_____ Telephone Number

_____ Signature of Principal or Designee

_____ Date

