



College of San Mateo



Rigorous Course of Study  
Validation Form

\_\_\_\_\_ Date \_\_\_\_\_ SSN or Student ID

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I.

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

\_\_\_\_\_ High School Attended \_\_\_\_\_ Date Graduated (MM/YY)

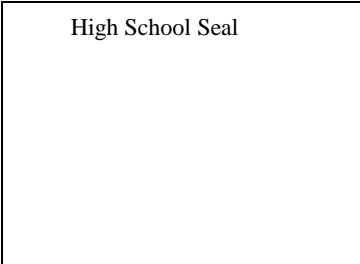
I hereby authorize high school officials to release information regarding my high school transcript and/or academic records to Canada College, College of San Mateo and Skyline College.

\_\_\_\_\_ Student Signature \_\_\_\_\_ Date

The student identified above may be eligible for an additional grant in the amount of \$750-\$1300 based on this validation. When validation is complete please return to the school financial aid office.

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The student identified above graduated from \_\_\_\_\_ Name of High School

On \_\_\_\_\_ and completed the following rigorous course of study:  
MM/YY



\_\_\_\_\_ Completed the California A-G Course Requirements

\_\_\_\_\_ Golden State Seal Merit Diploma

\_\_\_\_\_ AP exam # \_\_\_\_\_ Score \_\_\_\_\_ AP exam # \_\_\_\_\_ Score \_\_\_\_\_

\_\_\_\_\_ AP exam # \_\_\_\_\_ Score \_\_\_\_\_ AP exam # \_\_\_\_\_ Score \_\_\_\_\_

\_\_\_\_\_ California International Baccalaureate exam – score \_\_\_\_\_

**OR**

\_\_\_\_\_ Completed Out-of-State of requirements in \_\_\_\_\_ State

Type of rigorous course requirement: \_\_\_\_\_

\_\_\_\_\_ Print Name of Principal or Designee \_\_\_\_\_ Phone Number

\_\_\_\_\_ Signature of Principal or Designee \_\_\_\_\_ Date

**\*\*Please attach your High School Transcript and any additional Institutions transcripts you may have attended.**