

Victor Valley College
 Rigorous Course of Study
 Validation Form

 Date SSN or Student College ID Email Address

 Last Name First Name M.I.

 Street Address

 City State Zip

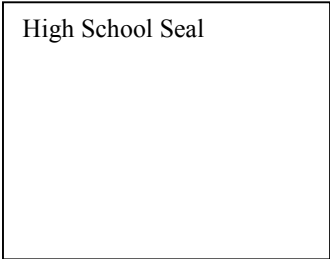
 High School Attended Date Graduated (MM/YY)

I hereby authorize high school officials to release information regarding my high school transcript and/or academic records to _____
 Victor Valley 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.

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

_____ Completed State Scholars 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 requirements in _____
 State

 Type of rigorous course requirement (**validated by out of state school**)

 Print Name of Principal or Designee Phone Number Date

 Signature of Principal or Designee Email Address

This completed form should be submitted by the student in person to the Victor Valley College Financial Aid Office.