Riverside Community College District
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 ______________________________________
Riverside Community College District

____ ________________________________
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

High School Seal

_____ 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

Riverside Community College District