



Rigorous Course of Study
Validation Form

PART 1 – To be completed by student

SSN or Student ID Phone Email

Last Name First Name M.I.

Street Address

City State Zip

Name of High School Attended High School Graduation Date (MM/YY)

I hereby authorize my high school officials to release information pertaining to my high school transcript and/or academic records to COLLEGE OF THE CANYONS.

Student Signature Date

STEP II – To be completed by high school official

The student identified above may be eligible for an additional grant in the amount of \$750-\$1,300 based on validation of a rigorous course of study. Please return this validation form to the College of the Canyons Financial Aid Office.

The student has graduated from _____ on _____ and has completed the
Name of High School Date (MM/YY)

following rigorous course of study:

- 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 _____ and indicate the type of rigorous course requirement

State

(Validated by out-of-state school)

Print Name Principal or Designee Phone Date

Signature Principal or Designee Email