

VENTURA COLLEGE
Financial Aid Office
4667 Telegraph Road
Ventura, CA 93003

Rigorous Course of Study Validation Form

Student Information: (Please complete and sign top portion. Forward to high school for certification)

Last Name First Name Social Security Number

Street Address City Zip Code

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 **Ventura College**.

Student Signature Date

HIGH SCHOOL CERTIFICATION

The student identified above may be eligible for an additional grant in the amount of \$750-1300 based on this validation. Please complete and return to the Financial Aid Office at the above address.

This will certify that the student identified above graduated from _____

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 requirements in _____
State

High School Seal

Type of rigorous course requirement

Print Name of Principal or Designee

Phone Number

Signature of Principal or Designee

Date