

**ACADEMIC COMPETITIVENESS GRANT (ACG)
RIGOROUS COURSE OF STUDY
VERIFICATION FORM**

_____ Date

_____ Student ID

_____ Last Name First Name M.I.

_____ Street Address City State Zip

_____ High School Attended Date Graduated (MM/YYYY)

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

_____ Student Signature Date

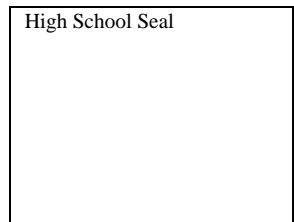
The student identified above may be eligible for an additional Federal grant in the amount of \$750 based on this verification. When verification is complete, it is the student's responsibility to please return to the College of San Mateo Financial Aid Office or call us for any questions at (650) 574-6146.

High School Office Use Only

The student identified above graduated from _____ on _____
Name of High School Date Graduated (MM/YYYY)

and completed the following rigorous course of study:

- _____ Completed the California A – G course requirements
- _____ Golden State Seal Merit Diploma
- _____ AP Exam # _____ Pass\Fail: _____ AP Exam # _____ Pass\Fail: _____
- _____ AP Exam # _____ Pass\Fail: _____ AP Exam # _____ Pass\Fail: _____
- _____ California International Baccalaureate exam score _____



OR

Completed out of state requirements in _____ State Type of requirement _____

_____ Print name of Principal or Designee Phone Number

_____ Signature of Principal or Designee Date