



Return to:
5500 University Parkway
San Bernardino, CA 92407
University Hall Room 150
Tel: (909) 537-5227
Fax: (909) 537-7024

2016-2017 Transfer Entitlement Cal Grant Verification Form

Name: _____

Coyote ID: _____

You received Cal Grant award consideration from the California Student Aid Commission (CSAC) because CSAC received a California Community College GPA of at least 2.40. In addition, CSAC asks that we verify the remaining requirements to determine your eligibility for the Transfer Entitlement program.

Student Section:

1. Print the month and year of your high school graduation or the equivalent; or if you did not graduate High School or obtain the equivalent (GED or CHSPE) please write 'Did Not Graduate' and proceed to question 4.

Month Year

2. Print the name of the high school from which you graduated. If you obtained a GED/ CHSPE, please write GED or CHSPE.

HS Name or GED/CHSPE

3. Print the City and State of the high school you graduated from or the city and state in which you obtained your GED/ CHSPE.

City State

3a. If you were a CA resident at the time of high school graduation, but graduated from a high school outside of CA, please indicate reason.

4. Print the date you became a CA resident, or if you applied through the Dream Act Application, print the date you started living in California (if born in CA, write your DOB)

Month Day Year

5. Print the name of the college you attended in the 2015-2016 academic year.

2015-16 College of Attendance

Certification:

By signing this form, I certify that all of the information reported on this form is true, complete and accurate. I agree to provide additional proof of the information, if requested to do so.

Signature: _____

Date: _____