



# El Camino College Financial Aid Office

16007 Crenshaw Blvd. ♦ Torrance, CA 90506 ☎ (310) 660-3493 ♦ 24 Hour Information (310) 532-3670 🌐 www.myecc.elcamino.edu

## Rigorous Course of Study Validation Form

Student ID: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

High School Attended \_\_\_\_\_

Date Graduated (MMIYY) \_\_\_\_\_

I hereby authorize high school officials to release information regarding my high school transcript and/or academic records to El Camino College.

\_\_\_\_\_  
**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



- \_\_\_\_\_ 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

\_\_\_\_\_  
Print Name of Principal or Designee

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Principal or Designee

\_\_\_\_\_  
Date