



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

### 2017-2018 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 2016-2017 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: \_\_\_\_\_