

Return to: 5500 University Parkway

San Bernardino, CA 92407 University Hall Room 150 Tel: (909) 537-5227

Fax: (909) 537-7024

2019-2020 Transfer Entitlement Cal Grant Verification Form

Name	: C	oyote ID: _		
CSAC additio	eceived Cal Grant award consideration from the California Stock Discouse CSAC received a California Community College Con, CSAC asks that we verify the remaining requirements to cansfer Entitlement program.	GPA of at lea	ast 2.40	. In
Stude	ent 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	Y	⁄ear
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 2018-2019 academic year.	2018-19 Co	•	
By sig and a	fication: ning this form, I certify that all of the information reported on ccurate. I agree to provide additional proof of the information,			
Signa	ture: Date:			