California State University
SAN BERNARDINO

Office of Financial
Aid and Scholarships

2024-2025 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 2023-2024 academic year.

   _____
   2023-24 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: _____

Return To: 5500 University Parkway UH 150 San Bernardino, CA 92407

Tel: (909) 537-5227 Fax: (909) 537-7024