



2022-2023 Transfer Entitlement Cal Grant Verification Form

| Name: 0 | | oyote ID: | | | |
|----------------------------|--|-------------------------------|----------------------|--------|--|
| CSA(addition he Tra | eceived Cal Grant award consideration from the California Stock C) because 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 | |
| | 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 | ı 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 | 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 | World | Day | roui | |
| J. | 2021-2022 academic year. | 2021-22 College of Attendance | | | |
| | fication: ning this form, I certify that all of the information reported on | this form is t | rue, con | nplete | |
| and a | ccurate. I agree to provide additional proof of the information, | if requested | l to do s | 0. | |
| Signa | ture: Date: | | | | |

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

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