



2010-2011
Financial Aid Department
570 Golden Eagle Ave
Quincy, CA 95971
FAX (530) 283-4659
*Academic Competitiveness Grant
Rigorous Course of Study Validation Form*

Last Name _____ First _____ Middle _____

Date of Birth ____ -- ____ -- ____ FRC Student ID _____

Street Address _____

City _____ State _____ Zip Code _____

Major _____ Certificate Program _____

I hereby authorize high school officials to release information regarding my high school transcript and/or academic records to *Feather River Community College*.

Student Signature _____ Date _____

RIGOROUS COURSE OF STUDY:

This section is to be completed by a high school official at the high school where the student graduated.

The student identified above graduated from _____
Name of High School

on _____ and completed the following RIGOROUS COURSE OF STUDY:
(MM/YY)

- California A-G Course Requirements
- State Scholars Requirements
- Golden State Seal Merit Diploma
- Out of State Requirements in: _____

High School Seal

State _____

Type of Rigorous Course Requirement _____

PLEASE ATTACH TRANSCRIPT!

Print Name of Principal or Designee _____ Phone Number _____

Signature of Principal or Designee _____ Date _____

ADVANCED PLACEMENT or INTERNATIONAL BACCALAUREATE EXAMS

Enter Scores on the back of this sheet.

ADVANCED PLACEMENT or INTERNATIONAL BACCALAUREATE EXAMS

This section may be completed by the student.

****Attach a copy of official Exam Scores***

AP Exam & # _____ Score _____ *

AP Exam & # _____ Score _____ *

OR

IB Exam & # _____ Score _____ *

IB Exam & # _____ Score _____ *

Return this form to:

**Feather River College
Financial Aid Office
570 Golden Eagle Ave.
Quincy, CA 95971-9124**