

San Diego Community College District Change of High School Graduation Information From a Foreign Country

College of Application:			
Name:(PRINT) Last	First		MI
Student ID Number:			
Name of High School:			
Corrected HS Grad Status From: Grad Date	(Month & Year)	To:	(Month & Year)
Provide a detailed explanation of your request for (Documentation may be required)	or a change of hi	gh school graduati	on status.
I CERTIFY UNDER PENALTY OF PERJURY THAT DOCUMENT IS TRUE, COMPLETE AND ACCURA THAT MY REGISTRATION WILL BE CANCELLED. WITNESS my hand and official seal	TE. IF FOUND T		
Student Signature:		Date:	
OFFICE USE ONLY			
Accepted by:		Date:	
Enrollment Term:			