OFFICE OF FINANCIAL AID

Received By:

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Student Name:

PLEASE PRINT CLEARLY

2015- 2016 High School Diploma Equivalency Form

RHC Student ID # _____

One of the eligibility requirements for students to receive federal aid is that they have a high school diploma or recognized equivalent. Listed below are the various ways in which you can meet the high school diploma/equivalent requirement. Please review the questions and check the appropriate box. Documentation may be required with this form.

1. Have you received your high school diploma (U.S or	Foreign)?
Yes. STOP HERE. You do not need to answer accurate and indicates I have high school diplot	the rest of the questions. My record with Admissions and Records is ma.
\square No; Continue to question 2.	
2. Have you received a GED Certificate or passed the C	California High School Proficiency Examination (CHSPE)?
Yes. STOP HERE. You do not need to answe the Office of Financial Aid.	er the rest of the questions. Sign and date the form below and submit it to
\square No; Continue to question 3.	
IV eligible program any time prior to July 1, 2012	ploma, or a recognized equivalent, but who is, or was, enrolled in a Title 2, may be eligible to receive Title IV student assistance under the ATB fondo College and taken and passed the Ability to Benefit (ATB) test at
Yes. STOP HERE. Date taken:/ Sign and date the form below and attach your to Financial Aid. Enrollment will need to be verifi	esting results for both components of the ATB test to The Office of
\square No; continue to question 4.	
4. Have you completed 6 credit units applicable toward better?	a degree or certificate offered by Rio Hondo College with a C grade or
	unselor certification to the Office of Financial Aid. You do not need to the form below and submit it to the Office of Financial Aid.
\square No. I do not meet any of the statements above.	I understand I am not eligible to receive any financial aid
COUNSELOR CE	RTIFICATION REQUIRED:
	its of college coursework that is acceptable towards a degree or
Academic Counselor Name:	Department/Ext:
Signature of Academic Counselor	Date

Date