



San Diego Community College District Change of High School Graduation Status

College of Application: City Mesa Miramar ECC

Student Name: _____
(PRINT) Last First MI

Student ID Number: _____ Date of Birth: _____

Name of High School: _____ State/Country: _____

Corrected HS Grad Status: From: _____ To: _____
Graduation Date (Month/Year) Graduation Date (Month/Year)

**Provide a detailed explanation of your request for a change of high school graduation status.
(Documentation may be required)**

I CERTIFY UNDER **PENALTY OF PERJURY** THAT THE INFORMATION PROVIDED ON THIS DOCUMENT IS TRUE, COMPLETE AND ACCURATE. IF FOUND TO BE UNTRUE, I UNDERSTAND THAT MY REGISTRATION WILL BE CANCELLED.

Student Signature: _____ Date: _____

OFFICIAL USE ONLY

Accepted by: _____ Date: _____

Enrollment Term: _____