



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: \_\_\_\_\_