

SAN LUIS OBISPO HIGH SCHOOL
AP Exams Reimbursement Form

Student Name: _____ (please print)

List below the exam(s) you are requesting reimbursement:

1. _____
2. _____
3. _____
4. _____
5. _____

Please take note that AP/SLCUSD charges an \$9.00 processing fee and \$15.00 unused test fee per reimbursed exam. Exam reimbursement will total \$70.00 per exam. If you paid a reduced fee, please see Mrs. Kreyenhagen in the Counseling Office.

Please return this completed form to Mrs. Kreyenhagen no later than **Friday, May 17th at 4:00 pm (firm deadline)**. A check for reimbursement will be mailed to your home.

Student Signature: _____ Date: _____

Approved by: _____ Date: _____

Reimbursement checks will be made out and mailed to the parent(s) of the student:

Parent's Name: _____

Street Address: _____

City: _____ Zip Code: _____