

Career and College Success 1500 Highway 36 West Roseville, MN 55113-4266

Advanced Placement (AP) Program Application for Reimbursement 2019-20

To qualify for reimbursement, complete and submit this application by **April 30, 2020** to Jacqui McKenzie, Minnesota Department of Education, 1500 Highway 36 West, Roseville, MN 55113.

Advanced Placement Program Information		College Board Code:	
District Name:		District Number:	
School Name:	School Type:		
School Address:			
City:	State:	Zip code:	
AP Program Coordinator Contact Information			
Name of AP Program Coordinator:			
	Telephone number:		
Please enter X to indicate ALL type(s) of reimbursemen	t applying for:		
Requesting Teacher Training Reimbursement	Req	uesting Student Exam Fee reimbursement	
Please enter X to indicate ALL that pertain to your scho	ool:		
New AP or Pre-AP ProgramAdding	g new AP courses	Updating existing AP program	
Teacher Training Reimbursement			
Please indicate the anticipated number of teachers atter	nding training in 2019-202	0:	
Augsburg University (June 2020): Carleton Coll	lege (June 2020):	Carleton College (July 2020):	
Out-of-State: Note: Only a limited number of C	Out-of-State scholarships v	vill be granted.	
Student Exam Fee Reimbursement			
Schools are responsible for making a direct payment to Educat	tional Testing Service (ETS) fo	or total exam costs by June 15, 2020. In order	
to receive reimbursement, you must submit a copy of the 2020	0 AP Exam Invoice։ State Cop	y, to MDE by June 15, 2020.	
Number of low-income students registered:	Number of	low-income exams:	
Number of non-low-income students registered:	Number of	non-low-income exams:	
Please complete the following information:			
Total Number of AP students:	Total number of fee-reduced, low-income AP students:		
Number of students in face-to-face AP courses:	Total number of students in Online AP courses:		
Number of teachers currently teaching AP courses:	Number of AP cour	ses offered:	
What new AP content area course(s) will be taught in 2020	0-2021?		
Please mail or submit a scanned version of the comple	eted application to Jacqui	McKenzie Minnesota Department of	
Education, 1500 Highway 36 West, Roseville, MN 5511		With the sold bepartment of	
I hereby certify by my signature that I have thoroughly		in mation and the data contained in this	
application is true and accurate. This application for AP			
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NOTE: Typing in your name for the Si	ignature jiela below will (ict as a binaing signature	
Principal Signature:	Email:	Date:	
AP Coordinator Signature:	Fmail:	Date:	