

AP Recommendation Form

2019-2020 School Year

Student Name: _____

Student Number: _____

Part I: Teacher Recommendations

Course	Teacher	Teacher Signature
AP Capstone/Seminar	English/History teacher	
AP Capstone/Research	Mr. Horsley	
AP English Composition and Language (III)	English teacher	
AP English Composition and Literature (IV)	English teacher	
AP Statistics/AP Calculus AB/AP Calculus BC	Math teacher	
AP Chemistry/AP Biology/AP Earth and Environmental	Science teacher	
AP Computer Science Principles	Mrs. O'Briant	
AP US History	History teacher	
AP World History	English/History teacher	
AP Music Theory	Gallagher/Homiller/Duraski	
AP Spanish	Spanish teacher	
AP Psychology	English/History teacher	

Part II: Verification and Approval

- By signing below, I indicate that I have reviewed and approve of the AP courses listed above for registration during the 2019-2020 school year.
- I also acknowledge that taking an AP course is rigorous and will require an average of 1 hour of homework per night/per course.
- I also acknowledge that the AP courses may require summer reading and workshops during the summer or school year.
- I also acknowledge that once the registration period has ended, I will not be granted a change in schedule because I change my mind.

Student Signature

Date

Parent Signature

Date