

AP Recommendation Form

2020-2021 School Year

Student Name: _____

Student Number: _____

Part I: Teacher Recommendations

Course	Teacher	Teacher Signature
AP Capstone/Seminar	English/History Teacher	
AP Capstone/Research	Ms. Baxter	
AP English Composition and Language (III)	English Teacher	
AP English Composition and Literature (IV)	English Teacher	
AP Statistics	Math & English Teacher	
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 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 2020-2021 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