

AP Exam Cancellation Form

Return this completed form via email to Mr. Hensel at bhensel@hershey.k12.pa.us by June 6, 2020. By completing this form you are requesting that DTSD reimburse you the full cost of \$94 per AP Exam you have listed below in the "AP Exam Subject Section". By listing the exam subject(s) below, you are notifying the AP Coordinator that you have not/will not participate in the exam(s) during the May and June testing windows. All cancellation forms will be verified after June 5, 2020 and upon verification, a check will be mailed to the Parent/Guardian name and Address listed below.

Student Information Section

Student Name (First & Last)

Student ID

Homeroom Teacher

Current Grade Level

Parent/Guardian Information Section

Parent Name that the check should be made out to

Parent Email Address

Address of where to send reimbursement

AP Exam Subject Section

Please list the exam(s) you are cancelling below:

Office Use Only

Total Reimbursement Amount: \$ _____

Date Received: _____