



# ADVANCED PLACEMENT PROGRAM REQUEST FOR REFUND

DEADLINE: JUNE 1<sup>st</sup>

School: (Circle One)      NPH              TOH              WHS              CAS

Student Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

For any full-priced exam **not** taken, complete the information:

EXAM NUMBER	TITLE	DAY & DATE

Total # regular or alternate exams *not taken* \_\_\_\_\_ @ \$ 55.00 each \$ \_\_\_\_\_

Total # Capstone regular or alternate exams *not taken* \_\_\_\_\_ @ \$103.00 each \$ \_\_\_\_\_

Total # exams **cancelled** prior to ordering deadline \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Refunds are payable to *Parent/Guardian Name* or specify other here:

\_\_\_\_\_