

2024 LOHS AP Exam Cancellation Information

- **November 15, 3:00 pm:** Deadline for students to cancel and receive a full refund. The “**LOHS AP Cancellation Request**” form on page 2 must be completed and submitted to the AP Coordinator.
- Cancellations **after** the **November 15, 3:00 pm** deadline incur a \$42 late-cancellation fee (receive a partial). A signed “**LOHS AP Cancellation Request**” form must be dropped off to the AP Coordinator to receive this partial refund. Email cancellation requests must include the *signed* form.
- Cancellations made later than 24 hours prior to “regular” exam day will receive no refund except in the case of severe illness or family tragedy. A hardcopy original of a medical/doctor’s note must be submitted to the Coordinator.

See next page for the “LOHS AP Exam Cancellation Request Form”

Questions? Contact Barbara Mackey, LOHS AP Coordinator,
mackeyb@loswego.k12.or.us

2024 LOHS AP Exam Cancellation Request Form

Students who have changed their minds about taking the AP exam *and who have their parents' or guardians' approval* to cancel the exam need to complete the information below if payment has already been submitted.

Please return to the AP Coordinator by:

- **3:00 pm, November 15**, to receive a full refund.
- **No less than 24 hours prior to the "regular" exam day**, to receive a partial refund of \$43
- Or, in the case of severe illness or family tragedy, please refer to the instructions on the previous page.
- All other cancellations/no-shows less than 24 hours prior to the "regular" exam day receive no refund.

Note: Before making this decision, parents/guardians and students may want to take into consideration the control they have with regard to whether or not colleges see the score results. Colleges see these scores when and only if you choose to send them.

Student Name (Print)

Grade Level: _____ Exam: _____ Exam Date _____

Parent/Guardian must sign and date if student is under 18

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Refund check payable to: _____

Address to mail check: _____

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