

AP EXAM CANCELLATION FORM

Use this form to UNREGISTER from an AP exam at CCHS

Student Name: _____

Student ID #: _____

Name of exam(s):

Reason for cancellation:

If there are AP exams you are *still planning to take*, please list them here:

Refund Policy:

- No fees will be charged for any cancellations prior to October 18, 2024.
- After that deadline, each exam incurs a \$40 non-refundable fee.
- The remaining exam fee (\$59 or \$13) will not be charged for an exam canceled before April 25, 2025. Cancellations after this date will be charged the full remaining exam fee and no refunds will be given.

Parent Name (Please Print): _____

Parent Signature: _____

Date: _____

Return this form to the **Main Office** to be placed in Mr. McLean's faculty mailbox.