ADVANCED PLACEMENT PROGRAM

2014 SUPPLEMENTAL ROSTER FOR NEW YORK OPTION ONE STUDENTS

Directions: Use this roster to list all fee waiver eligible students and submit it with the State copy of your AP Exam invoice to:

Elisabeth Egetemeyr
NYS Education Dept.
89 Washington Ave., Rm. 318 EB
Albany, NY 12234

School Name: _____

City/State/Zip Code: _____

I certify that all the students listed below have qualified for the Federal Fee waiver and that only $18 per exam were collected from these students.

_____

School Principal Signature

A	B
Please Print Name (Last, First, MI)	Number of Used Exams per Student

SUPPLEMENTAL ROSTER CONTINUATION SHEET

Please Print Name (Last, First, MI)	Number of Used Exams per Student