ADVANCED PLACEMENT PROGRAM

2009 SUPPLEMENTAL ROSTER FOR NEW YORK OPTION ONE STUDENTS

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

Ed Donnelly
Room 866 EBA
State Education Dept.
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 no funds were collected from these students.

_____

School Principal

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

Print Version