# **REDUCED FEE REQUEST FORM**

## **REDUCED FEE ELIGIBILITY AND REQUIREMENTS**

Please complete the following information for your students who are eligible for reduced fee of **$53.** Refer to the [College Board eligibility criteria](https://apcentral.collegeboard.org/ap-coordinators/exam-ordering-fees/exam-fees/reductions) if you are unsure that your student(s) are eligible.

Once you submit this form and the request is approved you will be able to pay or invoice your students at the reduced fee rate.

The deadline to submit this form is **March 31, 2019, 5:00pm EST**. Please email to NEWL@americancouncils.org

## **School Information:**

|  |  |
| --- | --- |
| School Name: |  |
| Exam Coordinator:*(registered the student(s))* |  |
| Email Address: |  |
| Number of examinees Requesting reduced fee: |  |
| Exam Type (Practice, Main, Late Testing, etc) |  |
| Language  |  |

## **Examinee Information:**

|  |  |
| --- | --- |
| First Name: | Last Name: |
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*Use additional pages as needed*