



ADVANCED PLACEMENT COURSE APPLICATION STUDENT APPLICATION FORM

Due Date: Tuesday, February 17, 2026

Advanced Placement (AP) courses cover university-level content. Students receive a school grade for completion of the course *and* can opt to write an AP Examination. Many universities recognize superior AP Exam scores for university-level credit. As such, these are demanding courses suitable only for a limited group of students. These students must demonstrate superior academic achievement and commitment to the course in its entirety.

Due to the rigour of AP courses, and because seats may be limited, students are required to submit an application form and a teacher nomination form to determine if a placement will be offered. Furthermore, please be advised that the **entire cost of the Advanced Placement Examination will be paid by the student if they choose to write.**

Date:	Student #
Student Last Name:	First Name:
AP Course Name:	<input type="checkbox"/> Calculus <input type="checkbox"/> Computer Science <input type="checkbox"/> Psychology

PRE-REQUISITE / CO-REQUISITE OR RELATED COURSE INFORMATION

Course Name:	Mark: %	<input type="checkbox"/> In Progress <input type="checkbox"/> Final mark	<input type="checkbox"/> Taken at Point Grey <input type="checkbox"/> Other (indicate where):
Course Name:	Mark: %	<input type="checkbox"/> In Progress <input type="checkbox"/> Final mark	<input type="checkbox"/> Taken at Point Grey <input type="checkbox"/> Other (indicate where):

I have read and accepted the expectations for enrolling in the Advanced Placement program.

I am aware that this course may prove difficult for my child but is consistent with his/her academic goals. By selecting an AP course, I abide by all school and district policies and am committed to completing this course.

Student Signature: _____	Parent Signature: _____
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NOMINATING TEACHER TO COMPLETE PAGE 2

Office Use Only	<input type="checkbox"/> Approved	<input type="checkbox"/> Waitlisted	Administrator Signature: _____
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AP COURSE APPLICATION: **TEACHER NOMINATION SECTION**

STUDENT: choose a teacher reference who can speak to your academic and intellectual ability. This report will be checked and discussed. **Fill the top part in**, then give to teacher to complete their portion of the form – **teacher is to return directly to the counsellor**.

Complete this Portion then Forward to the Nominating Teacher to Complete

Date:	Student #:
Student First Name:	Last Name:
Name of Teacher Referee:	
AP Course Name: <input type="checkbox"/> Calculus <input type="checkbox"/> Computer Science <input type="checkbox"/> Psychology	

NOMINATING TEACHER TO COMPLETE THIS SECTION AND RETURN DIRECTLY TO THE COUNSELLOR

1. Do you: ☐ completely support this application?
 ☐ support this application but with reservations?
 ☐ not support this application?

2. What course(s) have you taught this student?

Course Name: _____	Mark: _____ %
Course Name: _____	Mark: _____ %

3. Please rate this student in the following areas:

Characteristics	Average	Good	Excellent	Outstanding
▪ Academic Ability				
▪ Work Habits				
▪ Perseverance				

4. Is there anything further you would like to add?

Teacher Signature: _____