



STATE OF LOUISIANA  
**DEPARTMENT OF EDUCATION**  
**Division of Technology/LVS AP Program**  
1201 N. 3<sup>rd</sup> St., G-219B, BATON ROUGE, LOUISIANA 70804-9064

**CERTIFICATE**  
**FOR**  
**LOUISIANA ADVANCED PLACEMENT**  
**TEST FEE REIMBURSEMENT**

This is to notify the Louisiana Department of Education that

\_\_\_\_\_  
(School District/Recipient)

is requesting reimbursement in the amount of \_\_\_\_\_ for  
(Total Reimbursement)

\_\_\_\_\_ low-income student AP Exam Fees at a reimbursement rate of \_\_\_\_\_  
(\$53, \$54 or \$56)  
per AP Exam.

*Note: AP Exam Fee costs in 2007 were \$53.00 per exam, in 2008 were \$54.00 per exam, in 2009 were \$56.00 per exam, and 2010 was \$56.00 per exam.*

I hereby certify that the above Advanced Placement Test Fees were paid on behalf of students' who are enrolled in both public or Louisiana Board of Elementary and Secondary Education (BESE) approved nonpublic schools, meet the definition of low-income, were enrolled in a rigorous course preparing them, or the AP<sup>®</sup> course, for the test fee being reimbursed, and were ages 5 through 19 on exam day.

\_\_\_\_\_  
Superintendent (Print Name)

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Federal PR/Award Number

FOR STATE USE ONLY

\_\_\_\_\_  
Project Number

\_\_\_\_\_  
Program Administrator

\_\_\_\_\_  
Award Period

\_\_\_\_\_  
Date

*"An Equal Opportunity Employer"*