

Teacher Program Agreement & Media Release Form

Please submit this signed form electronically to uclaapr@gmail.com or by mail.

AP Readiness 1320 Moore Hall Box 951521 Los Angeles CA 90095-1521

If you have any questions, please call James Keipp at (310) 825-1324 or email at keipp@gseis.ucla.edu. UCLA Extension units will be available for teachers who attend the entire program and pay a fee.

Program Agreement

I understand that if I am accepted to this program, I will Potential students at my school; this will include superv the program at UCLA. I agree to provide UCLA Center scores for data analysis and program evaluation. This is Name of Teacher:	ising students on the bus and during X with a complete roster of my AP nformation will be kept confidential.	
Signature of Teacher:		
Date:		
Administrator's Approval		
I will support the AP Readiness Activities and the teacher as stated above.		
Approval of Administrator in Charge:		
Date:		

Priority will be given to teachers who apply with students from their school.

MEDIA RELEASE FORM

Name of Subject/Contributor (please print clearly):

(First Name)	(Middle Initial)	(Last Name)	
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(Signature of Subject/0	Contributor) ((Date)	
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(Contact Email pleas	e print clearly)		