



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 commit to working with AP or AP Potential students at my school; this will include supervising students on the bus and during the program at UCLA. I agree to provide UCLA Center X with a complete roster of my AP scores for data analysis and program evaluation. This information will be kept confidential.

Name of Teacher: _____ School: _____

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.

