



**Miami-Dade County Public Schools
Division of Advanced Academic Programs**



ADVANCED PLACEMENT (AP) COURSES

20 __ - 20 __

School: _____ WL #: _____ Phone #: _____ Fax #: _____

Principal: _____ E-mail: _____ Region: _____

Assistant Principal for Curriculum : _____ E-mail: _____ Extension: _____

AP Program Contact/Coordinator : _____ E-mail: _____ Extension: _____

Student count as Identified by AP Potential: _____ Total unduplicated count of AP students: _____ Total number of AP courses: _____

Name of Course	Grade Level (s)	Schedule	# of Students	Room #	Name of Teacher		E-mail Address
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Block <input type="checkbox"/> 6 period <input type="checkbox"/> 4 x4 <input type="checkbox"/> 7 period					
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Block <input type="checkbox"/> 6 period <input type="checkbox"/> 4 x4 <input type="checkbox"/> 7 period					
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Block <input type="checkbox"/> 6 period <input type="checkbox"/> 4 x4 <input type="checkbox"/> 7 period					
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Block <input type="checkbox"/> 6 period <input type="checkbox"/> 4 x4 <input type="checkbox"/> 7 period					
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Block <input type="checkbox"/> 6 period <input type="checkbox"/> 4 x4 <input type="checkbox"/> 7 period					
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Block <input type="checkbox"/> 6 period <input type="checkbox"/> 4 x4 <input type="checkbox"/> 7 period					
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Block <input type="checkbox"/> 6 period <input type="checkbox"/> 4 x4 <input type="checkbox"/> 7 period					
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> Block <input type="checkbox"/> 6 period <input type="checkbox"/> 4 x4 <input type="checkbox"/> 7 period					

Name of person preparing form (print)

Signature

Date

Principal's name (print)

Signature

Date

Please submit form to:

9622 SBAB Annex, Room 235
Attention: AP Courses
OR
FAX: 305 995-4582
Attention: AP Courses