

**MIAMI BEACH SENIOR HIGH SCHOOL
AP COURSE CONTRACT 2016-2017**

Name of Student

ID Number

Grade

I, the above named student, presently attending Miami Beach Senior High School, am currently taking one or more Advanced Placement (“AP”) classes during the current school year. I acknowledge and understand that the State of Florida pays for the AP Exams and that the taking of AP exams is an integral part of the AP course. I understand that success in an AP class depends upon the diligence of both the teacher and the student.

I promise to use my best efforts in my preparation for and taking of the examination(s). Should my examination be invalidated for cheating, misuse of electronic devices, unacceptable behavior, unexcused tardiness to the examination, unauthorized walking out of the examination, or any behavior deemed unacceptable by College Board or School Administration, then I accept that the following consequences will result:

- This matter will be treated as a violation of the Academic Integrity Policy for the relevant class and all applicable consequences will be enforced by administration;
- Any letter of recommendation written on my behalf by any teacher will be rescinded and the college/university/scholarship/employer having received that reference will be notified;
- A Student Case Management Referral (SCM) will be placed in my permanent school record

***A copy of this form must be provided by the student to each AP teacher**

Course Name: _____

Signature of Student & Date

Signature of Parent & Date

AP Teacher signature

Date