

Name: _____ Date: _____ Class of _____

AP STUDIO ART COURSE REGISTRATION APPROVAL FORM

****Note to student: This form must be filled out, signed by the current AP Studio Art Teacher and submitted to Guidance prior to registering for this class.**

I would like to take: (Please select one) _____ AP Studio Drawing (Course #126)

_____ AP Studio 2D Design (Course #127)

If you selected AP 2D Design, are you interested in doing your portfolio in (circle one) :

PHOTOGRAPHY

GENERAL 2D DESIGN

BOTH

Please list the art classes that you have taken at VHS or another high school.

If you have taken private lessons you may list them as well.

Please describe why you want to take this class. _____

This student has met with the current AP STUDIO ART TEACHER and submitted artwork for review. This student is approved to sign up for this class. _____ Yes _____ No

If not approved, reason why: _____

Student signature

Date

AP Studio Art Teacher signature

Date