



# ADVANCED PLACEMENT SUMMER INSTITUTE APPLICATION

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
OFFICE OF ACADEMIC SUPPORT  
SFN 61056 (03-2021)

RETURN TO:  
Department of Public Instruction  
Office of Academic Support  
600 E Boulevard Avenue, Dept. 201  
Bismarck, ND 58505-0440  
Fax: (701) 328-0203  
Email: dpiacademicsupp@nd.gov

The North Dakota Department of Public Instruction (NDDPI) will approve and award selected instructors.

Approved instructors can attend an APSI in a qualifying content area. To be a qualifying content area, the course must be on the approved APSI training list and must be on the teaching schedule with students enrolled in the course for the upcoming school year.

## Application Information

|   |   |   |          |
|---|---|---|----------|
| Name of Applicant   | Work Telephone Number   | Home Telephone Number   |          |
| Mailing Address   | City  | State   | ZIP Code |
| Applicant's Email Address   |   |   |          |
| District Name   | School Name   |   |          |
| Which Advanced Placement course will you teach in the upcoming school year? | What is the projected student enrollment in that course for the upcoming school year? |   |          |
| Title of APSI you are planning to attend?                                   | Training Dates  |   |          |
| Name of Institution Offering Training                                       | State Where Training is Being Held  |   |          |
| Please check your status related to Advanced Placement Training.            |   |   |          |
| <input type="checkbox"/> Never had training                                 |   | <input type="checkbox"/> Attended training 2 to 4 years ago           |          |
| <input type="checkbox"/> Attended training 5 or more years ago              |   | <input type="checkbox"/> Attended training during the previous summer |          |

## Certification

Submission of this executed application indicates the school commits to offer the above listed Advanced Placement courses during the upcoming year and courses have been approved.

|   |      |
|---|------|
| Signature of Advanced Placement Instructor      | Date |
| Signature of School Building Principal          | Date |
| Signature of District Authorized Representative | Date |

## For Department Use Only

|  |      |
|--|------|
| Signature of NDDPI Program Administrator | Date |
| Signature of Office Director             | Date |