



Application for WJU Dual Credit Approval

Name of High School: _____

High School Address: _____

Dual Credit contact at High School: _____

Dual Credit contact email: _____ Dual Credit contact phone: _____

High School Course Title: _____

High School Course Instructor: _____

Subject Area: _____

Instructor has a Master’s Degree in subject area: Yes No

OR

Instructor has a Master’s Degree with a minimum of 18
units of graduate credits in the subject area: Yes No

Course has been authorized as AP through the AP course audit process: Yes No

Seat hours per semester: _____ Term/semester the course is offered: _____

In order for the Application to be considered, also attach:

1. Teacher Credentials
2. Syllabus
3. Assessment Materials

See the **WJU Dual Credit Application Checklist** for full list of requirements for each of the above documents.

Please send the completed application packet to:

Attn: Dual Credit Program
 William Jessup University
 2121 University Avenue
 Rocklin, CA 95765
 Or email to: academics@jessup.edu