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Name of High School: \_\_\_\_\_

High School Address: \_\_\_\_\_

Dual Credit contact at High School: \_\_\_\_\_

Dual Credit contact email: \_\_\_\_\_ Dual Credit contact phone: \_\_\_\_\_

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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: \_\_\_\_\_

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

1. Teacher Credentials
2. Syllabus
3. Assessment Materials

See the **Jessup 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  
Jessup University  
2121 University Avenue  
Rocklin, CA 95765  
Or email to: [academics@jessup.edu](mailto:academics@jessup.edu)