
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

Instructor's AP passing rate: _____

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 **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: ehall@jessup.edu