



Application for Dual Credit Approval

Name of High School: _____

High School Address: _____

Contact at High School: _____

Contact email: _____ 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 D.C. course will be offered: _____

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

1. Teacher Credentials
2. Syllabus
3. Assessment Materials

See the **Jessup Application Checklist** for a full list of requirements for each of the above documents.

Please send the completed application packet to:

Dual Credit Program

Attn: Natali Corrington

Jessup University 2121 University Avenue

Rocklin, CA 95765

or Email: dualcredit@jessup.edu