



Application for Dual Credit Instructor Approval

SCHOOL INFORMATION

Name of High School: _____

High School Address: _____

School Phone: (_____) _____

Dual Credit Contact at High School: _____

Contact's Email: _____

Contact's Phone Number: (_____) _____

COURSE INFORMATION

High School Course Title: _____

High School Course Instructor: _____

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

Instructor has a Master's Degree with a minimum of 18 units of graduate credit in the subject area?: Yes No

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

Number of Seats per Semester: _____ Term the Course is Offered: _____

ADDITIONAL INFORMATION

Please attach the following documents:

1. Teacher Resume
2. Official Transcripts
3. Background Check
4. Syllabus

Gloucester campus

1400 Tanyard Road, Sewell, NJ 08080 • 856-468-5000

Cumberland campus

3322 College Drive, Vineland, NJ 08360 • 856-691-8600