



Application for Concurrent Enrollment Program (CEP) Instructor Approval

SCHOOL INFORMATION:

Name of High School: _____

High School Address: _____

School Phone Number: _____

CEP Contact at High School: _____

Contact's Email Address: _____

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

Term the Course is Offered: _____ Full Year Half Year

ADDITIONAL INFORMATION:

Please attach the following documents:

1. Teacher's Credentials (*Resume, Transcripts, Certifications*)

2. Course Syllabus