



Dual Credit Teacher Application

Full Name: _____ DOB: _____

Address: _____

Phone Number: _____ Email: _____

High School: _____ SSN: _____

Desired Dual Credit course(s): _____

Course Length: ___ Fall ___ Spring ___ Full Year

Semester to begin Dual Credit course(s): Fall 20_____ Spring 20_____

Education:

College/University	Program of Study	Degree Earned

List any other applicable coursework (or related experience): _____

Checklist: ___ Teacher Application ___ Vitae/Resume ___ College Transcripts ___ Certifications
Send ALL forms to Office of Dual Credit, Joliet Junior College, 1215 Houbolt Rd, Joliet, IL 60431 or jmajchrz@jjc.edu

Teacher Signature: _____ Date: _____

Office Use Only-----

___ Approved ___ Denied Information needed: _____