

**College in High School
 Course Approval Form**

High School Information

High School Name: _____
 Address: _____

 Name of CIHS contact(s): _____
 Email(s): _____
 Phone number: _____

CIHS Course Information



Subject	Course #	Course Title	Teacher	Fall	All Year	Spring
HIST	100	History of the U.S.	George Washington	√		

Please be sure to attach a copy of your course syllabus/outline for each course. If this is your *first time* teaching the course, please also attach your current resume and copies of your college transcripts.

For High School:

Principal _____

Date _____

Director of Guidance (optional) _____

Date _____

For SUNY Cobleskill:

Department Chair or Representative (liaison) _____

Date _____

School Dean _____

Date _____