COLLEGE IN HIGH SCHOOL APPLICATION & REGISTRATION FORM

THE STATE UNIVERSITY OF NEW YORK

Potsdam

VERIFY INFORMATION: (Note any needed corrections)    P#_______________________

Name: Test C. Student
Address: 123 Test Street
          City, NY 12345
Email: earlycollege@potsdam.edu
High School: Test High School

Verify Term of Entry: Fall 2016

Phone: (315) 267-1816
Graduation Date: 6/17/2016

SELECT COURSE(S): Circle instructor name if more than one is listed for your course

☐ 95249 - FREN 103 - French IV - Smith
☐ 95253 - FREN 203 - French V - Smith
☐ 95254 - LITR 110 - Horror Fiction and Film - Jones

LOOP CTE: Note program name/year, location, and instructor (Ex. Criminal Justice I – Seaway – Plumb)

STUDENT: Please print this form, complete course selection, and turn in signed form to your instructor.

I hereby affirm that the information provided above is accurate and I also acknowledge that by submitting this application that, upon acceptance, I am responsible for paying the corresponding $175 fee to SUNY Potsdam for each CHS course that I enroll in for college credit.

Student Signature: ___________________________ Date: ____________

Parent/Guardian Signature: ___________________________ Date: ____________

COUNSELOR/CHS REPRESENTATIVE:

Please sign and return completed form with student’s High School transcript to Office of Early College Programs via email (preferred) to earlycollege@potsdam.edu or by fax to (315) 267-3088 prior to October 7.

Counselor/Rep. Signature: ______________________ Date: ____________

Office of Early College Programs • Phone: (315) 267-2166 • Fax: (315) 267-3088 • Email: earlycollege@potsdam.edu

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