



COLLEGE IN HIGH SCHOOL PROGRAM INSTRUCTOR INFORMATION FORM

Date: ☐ New ☐ Returning

Personal Information (needed to add as Adjunct Instructor)

Instructor Name:
(Last, First, Middle Initial)

Have you previously
attended or taught
at SUNY Potsdam?

☐ No

☐ Yes

Date of Birth:

If yes, previous name?

Personal Address & Contact Information

Address:

City, State, Zip:

Home Phone:

Cell Phone:

Email:

Program & Class Information

School Name:

Class Name:

Number of Years Teaching this Class:

Is this course taught via Distance Learning?

When is class offered during year? ☐ Full year ☐ Fall Only ☐ Spring Only

Class Days & Times:

Items Needed to Review Course Proposal:

☐ Instructor Information Form

☐ Instructor Resume/CV

☐ Class Syllabus/Course Outline

High School Instructors:

Thank you for your interest in
SUNY Potsdam's College in
High School program.

Please complete the following
information *for each CHS course that
you teach* in order for the Office of
Early College Programs to add you to
our system as the instructor of record.

Submit Documentation:

Please submit all course
proposal materials to your
school's College in High School
Primary Contact (typically
Guidance Counselor) who will
forward materials together.

By Email:

earlycollege@potsteam.edu

By Fax:

(315) 267-3350

By Mail:

Graduate & Continuing Education
SUNY Potsdam
206 Raymond Hall
44 Pierrepont Avenue
Potsdam, NY 13676

Proposals are accepted year-round

EARLY COLLEGE PROGRAMS USE ONLY

Course Number:

Course Title:

Liaison Name:

Department:

☐ New Course

☐ Previously Approved Course

Notes: