



# COLLEGE IN HIGH SCHOOL PROGRAM PARTNERSHIP INFORMATION FORM

Date Completed:

Academic Year:

☐ New School

☐ Returning School

Please Bill:

☐ Students

☐ School District

(responsible for charges)

Office of Early College Programs point of contact to collect, and forward, student applications, fees, and transcripts.

## School Information

School Name:

School Address:

Principal Name:

Principal Email:

Primary Contact Name:

Primary Contact Title:

Contact Phone:

Contact Email:

## Class Details:

Do you have these items?  
Info Form \* Resume \* Syllabus

Course Title

Instructor Name

F - Fall

S - Spring

Y - Full Yr

New or  
Cont.?

To be completed by SUNY Potsdam

Course #

# Credits

SUNY Liaison

☐ ☐ ☐ 1







☐ ☐ ☐ 2







☐ ☐ ☐ 3







☐ ☐ ☐ 4







☐ ☐ ☐ 5







☐ ☐ ☐ 6







☐ ☐ ☐ 7







☐ ☐ ☐ 8







☐ ☐ ☐ 9







☐ ☐ ☐ 10








**High School: Please include ALL Instructor Information Forms, Instructor Resumes, and Course Syllabi when submitting course proposals. All components are needed in order to evaluate and approve courses.**

### EARLY COLLEGE PROGRAMS USE ONLY:

Partnership Form Received:

Grades Received:

Agreement Sent to School:

Total # of Students:

Signed Agreement Received:

Tuition Collected:

Student Applications Received:

Program Expenses:

Invoice(s) Sent:

Additional Information:

Form Updated June 2019

Payment Received: