

**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 | √ | | |
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**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 _____