



SUNY Cobleskill AG & TECH
 Educational Pathways
 College in High School
 Warner Hall, Room 218
 Cobleskill, New York 12043

COLLEGE in the HIGH SCHOOL (CIHS) COURSE: STUDENT REGISTRATION ROSTER

Please print or type the information requested below.

Date: _____

School Name: _____ Phone: _____

Course Name: _____ Course Number: _____ CRN #: _____

Days Course is Taught: _____ Times Taught: _____

High School Instructor's Name: _____

Course Term: **Fall** (Term D) Semester **Only** **Spring** (Term E) Semester **Only** **Full Year** (Term F)

	Student 800#	Student Name	Grade Level	# of Credits	Payment Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Please forward a Notification Letter for Directly Certified Students participating in the Federal Free and Reduced Lunch Program to SUNY Cobleskill; Educational Pathways, College in High School; 218 Warner Hall, Cobleskill, NY 12043.

Total amount (number of credits X \$60 X number of students) \$ _____

 High School Instructor Signature

 High School Supervisor/Principal Signature