

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

Forward the completed form and **one check issued by the high school** made payable to SUNY Cobleskill for course registration for all students indicated above to: College in High School Program, Academic Affairs, SUNY Cobleskill, Knapp Hall, Cobleskill, NY 12043.

Total amount enclosed (number of credits X \$50 X number of students) \$ _____

High School Instructor Signature

High School Supervisor/Principal Signature