

**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					

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, Educational Pathways Department, SUNY Cobleskill, 218 Warner 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