COLLEGE IN HIGH SCHOOL PROGRAM
COURSE PROPOSAL DECISION FORM

Date Submitted for Review: ____________________________
Academic Year: ____________________________

High School Class Information
Class Name: ____________________________
Teacher Name: ____________________________
School Name: ____________________________
Previously Approved CHS Course? ☐ Yes ☐ No

SUNY Potsdam Course Decision
☐ Not Approved (Please explain reason for not approving)

☐ Conditional Approval (Please explain what changes need to be made)

☐ Approved (Please provide any additional comments below)

Equivalent Course Information (what will show on students' transcripts):
SUNY Potsdam Course #: ____________________________
Number of Credits: ____________________________
Course Title: ____________________________
Department: ____________________________

SUNY Potsdam Faculty Liaison Information
Who will be conducting class visits and assist with any necessary changes to class lesson plan?
(Information will be shared with High School teacher and they will be encouraged to contact Liaison once Affiliation Agreement is signed.)

Faculty Liaison Name: ____________________________
Faculty Liaison E-mail: ____________________________
Faculty Liaison Phone: ____________________________

Approvals
Department Chair: ____________________________
School Dean: ____________________________

Please complete, print, and fax to 315.267.3088 or mail to Office of Extended Education, 44 Pierrepont Ave., Potsdam, NY 13676-2294
www.potsdam.edu/exted Phone: 315-267-2166