College in High School Program
Faculty Liaison Completion Form

Date: ____________________________________________

Personal Information
Liaison Name: ______________________________________
Email: ____________________________________________
Primary Phone: ______________________________________

School Information
High School Name: __________________________________
High School Instructor: ________________________________

Course Information
Course Subject/Num: ________________________________
Course Title: ______________________________________
Department: ________________________________________
☐ New partnership for this course? - $500 New Course Stipend Applies*
☐ Run prior to this year? - $250 Maintenance Stipend Applies*

* Please Note: Departmental Profit Sharing funds are transferred to each department and Faculty Liaison stipends are paid at the end of the academic year from the Office of Extended Education after receiving this completed form.

Site Visit Information

<table>
<thead>
<tr>
<th>Trip</th>
<th>Date and Class Time</th>
<th>Total Time Away</th>
<th>Miles</th>
<th>Vehicle Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td>2/21/14, 11:00 am</td>
<td>9:30 am - 1:30 pm</td>
<td>102</td>
<td>Personal</td>
</tr>
<tr>
<td>Site Visit 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Site Visit 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional Visit (if applicable)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Please Note: Site visits are written into each affiliation agreement and you are eligible for mileage reimbursement at the rate specific to the time of travel. You must complete the College’s Travel Requisition and Travel Expense Claim Form to receive these funds.

Recommendations
☐ Continue as is (no changes recommended - will not require dept. review)
☐ Continue, pending changes (Instructor will resubmit course proposal)**
☐ Not recommended**

** Important: If you are recommending changes be made to the course or are not recommending that the course continue into the next academic year, please provide rationale on a separate sheet and attach to this form. Recommended changes to course will be shared with the instructor to assist them in resubmitting course proposal for following academic year.

Faculty Liaisons:
Upon completion of each high school course for which you serve as liaison, please complete and return this form to the Office of Extended Education for the purpose of compensation and/or reimbursement.

If you serve as liaison for multiple courses and/or schools, a separate form must be submitted for every course every year. For example, if you are liaison for SUBJ 103 and SUBJ 203 at ABC School and SUBJ 103 at XYZ school, 3 forms are needed.

Submit completed form to Office of Extended Education no later than July 1st:

By Email: exted@potsdam.edu

By Fax: (315) 267-3088

By Mail:
Office of Extended Education
SUNY Potsdam
206 Raymond Hall
44 Pierrepont Avenue
Potsdam, NY 13676

Office Use Only
CHS Course Enrollment: