



OLMSTED FALLS SCHOOLS

College/University Course Information

Complete and send to the Chief Operating Officer (COO) **prior** to enrollment.

Olmsted Falls Teacher's Name Assigned Bldg. for the Olmsted Falls Teacher

Course Name _____

College/University _____

Where will this course be taken? _____
(Campus or Facility Name- be specific)

Quarter/Semester _____

Year _____

Number of Semester Hours _____

Graduate

Undergraduate

(In order for credit to be used for additional compensation it must be earned at a college or university which is approved for the training of teachers by the State Board of Education or the Division of Teacher Education and Certification of the State in which the college or university is located.)

How will this course benefit you professionally?

Olmsted Falls Teacher's Signature

Chief Operating Officer's Signature

Date

Date

Arrange for an official transcript to be sent to the offices of the Board of Education as soon as you have completed the course.

Distribution:

Original – File

Copy – Teacher
- Principal