OLMSTED FALLS SCHOOLS

College/University Course Information

Complete and send to the Assistant Superintendent **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 Signature _____ Superintendent/Designee 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