



VLACS Course Information

Student Last Name:
Student First Name:
Date:
Please complete this form at the <u>beginning</u> of any VLACS course in which you have enrolled. This information will be kept on file in the OLMA School Counseling office.
Please provide the exact name of the course in which you are enrolled with VLACS.
Number of CREDITS for the course:
The START DATE of the course is:
The expected END DATE (completion) of the course is: We acknowledge that we are responsible for obtaining a final transcript from VLACS and providing it to the OLMA Dean of Students in order to receive OLMA credit for the above course.
Parent/Guardian Signature:
Date: