



**Professional Learning Program Application for
Professional Learning Unit Credit
Prior Approval Form**

Participant's Name _____

Home Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

School System _____

Certification Type: _____ **Position** _____

Date of Birth: _____ **Social Security #** _____

Name of Course: _____

Check the categories for which this PLU credit applies:

_____ Field(s) of Certification _____ School/System/Individual Improvement Plan
_____ Annual Personnel Evaluation _____ State/Federal Requirements

Description of Course:

Location of Course:

Dates of Course:

I hereby approve this person's participation in the above named Professional Learning Unit Credit Program. I further certify that the goals and objectives of this course are consistent with the goals and improvement objectives of this school system.

System Superintendent or Professional Learning Coordinator

Date of Approval

_____ I'm not employed in a public or private school.

Signature of Participant

Date of Approval