

The University of Georgia

Application for Professional Learning Unit Credit  
Prior Approval Form

Participant's Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

School System: \_\_\_\_\_

Certification Type: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ 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