



Department of Continuing Education

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

Participant's Name: _____

Home Address: _____

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
Annual Personnel Evaluation
School/System/Individual Improvement Plan
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 am not employed in a public or private school.

Signature of Participant

Date of Approval