



Use this form if not currently employed

**Professional Association of Georgia Educators
Application for Professional Learning Unit Credit
Prior Approval Form**

Participant Information:

Participant's Name: _____

Home Address: _____

School System: _____

Certificate Type: _____ Position: _____

Date of Birth: _____ Social Security #: _____

Name of Course: _____

Category for which this PLU credit applies: (Please check one)

- | | |
|--|--|
| <input type="checkbox"/> Field(s) of certification | <input type="checkbox"/> School/System/Individual Improvement Plan |
| <input type="checkbox"/> Annual Personnel Evaluation | <input type="checkbox"/> State/Federal Requirements |

Description of Course:

Location of the Course: _____

Dates of the 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