



**Use this form if 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

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date of Approval