



**Professional Learning Program
Application for Professional Learning Unit (PLU) Credit
Prior Approval Form**

Participant's Name: _____

Home Address: _____

Daytime Phone #: _____ Social Security # _____

School System: _____

Worksite: _____

Certification Type: _____ Position: _____

Name of Course: _____

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.

System Superintendent or
Staff Development Coordinator

Date of Approval