



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

Participant 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:** \_\_\_\_\_

**Date(s) of Course:** \_\_\_\_\_

I hereby approve this person’s participation in the above named Professional Learning Unit (PLU) 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**