

**Office of Professional and Personal Development
The University of Georgia
Georgia Center for Continuing Education**

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

Participant Name: _____
Street Address: _____
City, State, Zip: _____
School System if currently employed: _____
Certification Type: _____ Position: _____
Date of Birth: _____ E-Mail: _____
Name of Course: _____

Check the categories for which this PLU credit applies:

- | | |
|--|--|
| <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 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

or

I'm not employed in a public or private school (no Superintendent or Professional Learning Coordinator signature is required if you are not currently employed as an educator).

Signature of Participant

Date of Approval

1. Please **fax your completed form** to (706) 583-0180 or rename file and email.
2. **This form must be received prior to the start date of your course.**
3. If you need assistance please contact: ***questions@georgiacenter.uga.edu***