

# Georgia Southern University

Continuing Education Center  
Professional Learning Program  
Application for Professional Learning Unit Credit  
Prior Approval Form

Participant's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

School System: \_\_\_\_\_

Certification Type: \_\_\_\_\_ Position: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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**

I'm not employed in a public or private school.

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

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

**Please fax your completed form to the Continuing Education Center at  
(912) 478-0306. This form must be received prior to the start date of your course.**