

Professional Learning Unit (PLU) Prior Approval Form

Participant's Name: _____

Home Address: _____

School System: _____

Certification Type: _____ Position: _____

Date of Birth: _____ Social Security #: _____

Workshop Title: **Georgia Conference on Information Literacy**

Number of PLU credits: 1 (one)

Check categories for which this PLU credit applies:

____ Field(s) of Certification

____ School/System/Individual Improvement Plan

____ Annual Personnel Evaluation

____ State/Federal Requirements

Location of Workshop: Coastal Georgia Center, Savannah, Georgia

Dates of Course: October 1 & 2, 2010

Signature:
System Superintendent or
Staff Development Coordinator

Date of Approval