



Georgia Learning Resources System

A Teacher Support System

East Central GLRS
1100 Edgewood Drive
Dublin, GA 31021
Ph. 478-275-3666
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East Central GLRS

Professional Learning Program

Application for Professional Learning Unit Credit Prior Approval Form

Participant's Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

School System: _____

Certificate Type: _____ Position: _____

Date of Birth: _____ Social Security #: _____

Check the categories for which this PLU credit applies:

- Field(s) of Certification School/System/Individual Improvement Plan
- Annual Personnel Evaluation State/Federal Requirements

I am not employed by a local school system.

Description of Course (found on course flyer and website):

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

Signature of Participant

Date of Approval