Gordon State College
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: __________________ Social Security #: __________________
Name of Course: _______________________________________________________________

Check the categories for which this PLU credit applies:

☐ Field(s) of Certification       ☐ School/System/Individual Improvement Plan
☐ Annual Personnel Evaluation    ☐ 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     Date of Approval
Professional Learning Coordinator

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

____________________________________  _________________________________
Signature of Participant               Date of Approval

Return forms to Community Education at Gordon State College
419 College Drive, Barnesville, GA 30204
Office: 678-359-5123    Fax: 678-359-5191
communityeducation@gordonstate.edu

Form updated September 18, 2014