

# 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:**

- |  |  |
|--|--|
| <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**

**Return forms to Community Education at Gordon State College**

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