



The Armstrong Center for Professional and Continuing Education

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**Professional Learning Unit Credit
Prior Approval Form**

Participant's Name: _____

Home Address: _____

School System: _____

Certification Type: _____ Position: _____

Date of Birth: _____ Social Security Number: _____

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
Professional Learning Coordinator

Date of Approval

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

Signature of Participant
(Participant signature required when participant is not employed in a public or private school.)

Date of Approval