

Professional Learning Annual School-Based Course Completion Roster

School: _____

Year: _____

Course Title: _____

Course Number: _____

Number of PLUs _____
(Available from this course)

#	Participant's Name (Please list participants in alphabetical order)	Employee I.D. # or Soc. Sec. #	Total Contact Hours	Waiver Form Issued	Course Completion Form Issued	Number of PLUs Awarded (if any)
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Principal's Signature

Date