

OCONEE COUNTY SCHOOLS
Professional Learning Program
Application for Professional Learning Unit Credit
Prior Approval Form

(Use for Professional Learning Outside Oconee County Schools or NEGA RESA)

Participant's Name: _____

Home Address: _____ **City** _____ **State** _____ **Zip** _____

Phone #s: (cell) _____ (home) _____ (work) _____

School: _____

Certification Type: _____ **Position:** _____

Employee I.D. # _____

E-mail address: _____

Check the categories for which this PLU credit applies:

Field of Certification

School/System/Individual Improvement Plan

Annual Personnel Evaluation

State/Federal Requirements

Course Title(s): _____

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.

Professional Learning Coordinator

Date of Approval

I'm currently employed with Oconee County Schools.

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

Signature of Participant

Date