

**Strategic Learning Connections, Inc.**  
**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  
Professional Learning Coordinator

\_\_\_\_\_  
Date of Approval

I am not employed in a public or private school.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date of Approval