



Pickens County Schools
Professional Learning Program
Application for Professional
Learning Unit Credit
Prior Approval Form
PL Form 8

Participates 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 Director

Date of Approval

Signature of Participant