



CLAYTON COUNTY PUBLIC SCHOOLS APPLICATION FOR OUT OF SYSTEM PLU APPROVAL

This form must be completed by personnel seeking professional learning credit (PLUs) for courses taken outside of the school district (college courses excluded). Approval to take a course outside of the school district must be granted prior to the beginning of the course. This form should be completed (signed by your principal) and returned to the Professional Learning Department **one month** in advance of the activity (Fax: 770 472-8470). A copy of this form granting denial or approval will be returned to the applicant. No credit will be granted for courses taken outside of the school district without prior written approval. This form is available on the CCPS website under Forms

Section I

Attach any information concerning the course or a course description. (No credit is given for conferences.)

Name _____ School/Location _____

Certificate Type _____ Position _____

Employee ID # _____ E-mail address _____

Home Address _____ Phone _____

PLU Course Title _____

No. of Contact Hours _____ No. of PLUs _____ Dates of Course _____
(Minimum 2 days)

Institution/Agency sponsoring course and Contact Person _____

Address _____ Phone _____

This is to certify that this individual has been approved for participation in the professional learning course listed above because the activity is (check one)

- | | |
|---|--|
| <input type="checkbox"/> in the participant's area of certification | <input type="checkbox"/> is aligned with the School/District Improvement Plan |
| <input type="checkbox"/> meets state or local requirements | <input type="checkbox"/> is aligned with the participant's annual performance evaluation |

This is to certify that this individual has been approved for participation in the professional learning course listed above.

Principal's Signature _____
Date

Signature, Professional Learning Executive Director _____
Date

Approved _____ Denied Note: To receive credit you must submit verification within one month of the completion of the activity.

Section II

Verification of Course Requirements

To be completed by course instructor (Check one)

- The individual listed above has completed all course requirements and is eligible to receive credit.
- The individual listed above has completed all course requirements with the exception of the on-the-job assessment.

Title _____ Date _____ Signature