

Southwest Georgia RESA

Pre-Registration/Prior Approval Form

Application for Professional Learning Unit Credit

Before registering for a course, please be sure that your schedule will allow you to arrive on time and remain for the full session.

Workshop/Course Title: _____

Workshop/Course Date/Time: _____

Name: _____

Email Address: _____

Home Address: _____

System: _____

School: _____

Position: _____

Home Telephone: _____

Grade Level: _____

Children will not be permitted to attend workshops or professional meetings.
Pets are not allowed in any of the facilities.

Choose One:

Field(s) of certification

Annual Personnel Evaluation

School/System/Individual Improvement Plan

State/Federal Requirements

Respond to each of the following:

1. How does this course relate to your system/school improvement plan?
2. How will the objectives/skills be used in your classroom/school?

Professional Learning Unit Approval for Participation

I hereby certify this person for participation in the above named PLU Credit Program/Workshop:
Check the categories for which this PLU credit applies:

Principal (Signature)

Date

System Professional Development Coordinator (Signature)

Date

Please return form to:

Southwest Georgia RESA
570 Martin L. King, Jr. Rd.
Camilla, GA 31730

Telephone: 229-207-0600

Fax : 229-336-2888

www.swresa.org

See map on website for driving directions.

SWGARES06/16/04