



Public Service and Business Outreach Center
 ABAC 12, 2802 Moore Highway
 Tifton, GA 31793-2601

Telephone (229) 391-5070
 FAX (229) 391-5071
 www.abac.edu/psbo

Professional Learning Program
Application for Professional Learning Unit Credit
Prior Approval Form

Participant's Name: _____

Home Address: _____

School System: _____

Worksite: _____

Certification Type: _____ **Position:** _____

Home Phone: _____ **Work Phone:** _____

Social Security #: _____ **Date of Birth:** _____

.....
Name of Course: _____

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.

Staff Development Coordinator (Required)

Date of Approval

Mailing Address