

PRIOR APPROVAL FORM

FOR

PLU CREDIT PROGRAM

Application for PLU Credits

Name: _____ Date: _____

Home Address: _____ City: _____ ZIP: _____

School System: _____ Certificate Type: _____

Contact #: _____ email: _____

+++++

All of the on-line courses for educators have been State approved for 24-classroom hours or 2 PLU Credits.

Course requesting to take: _____ Type of credit: _____

+++++

I hereby certify the above named person to participate in the above-named PLU Credit course.

_____	_____	_____
Supervisor or designee	Position	Date

Before registering, please return this completed and signed form to the Admission Office at our Cohen Walker Drive Campus or you may mail it to:

E. K. Hill

Director, Workforce Training

80 Cohen Walker Drive

Warner Robins, Georgia 31088.

For more information call 478-929-6791 or email to ehill@middlegatech.edu.

Note: To complete this process, you must return a copy of the on-line class certificate and we will then release to you your Post Approval Form.