FORM J

OCONEE COUNTY SCHOOL SYSTEM
WAIVER OF PROFESSIONAL LEARNING UNIT CREDIT

Please Print:

Name: _____

School: _____

Course Number & Title: _____

Date(s) of Course: _____**# of PLUs** _____

Check One:

☐ I prefer to audit this course and not receive PLU credit for the time spent in this activity. I am aware that it will not be possible at any time in the future for me to obtain partial or complete Professional Learning Unit credit for my participation in this course.

☐ Although I was enrolled in the above-named course, I was unable to fully participate in the course during its scheduled time. In addition, I was subsequently unable to complete the instructional activities and contact hours. For these reasons, I acknowledge that I have not earned the number of Professional Learning Units assigned to this course. Furthermore, I understand that I will not be able to obtain partial credit for this course. I understand that it will not be possible at any time in the future for me to obtain partial or complete Professional Learning Unit credit for my partial participation in the course NOR will it be possible at any time in the future for me to make up the omitted instructional activities and contact hours.

_____ _____

Participant Signature Date