

**Michael C. Carlos Museum, Emory University
Staff Development Program
Application for Staff Develop Unit Credit
Prior Approval Form**

Participant's Name: _____

Home Address: _____

School System: _____

Certification Type: _____ Position: _____

Date of Birth: _____ Social Security #: _____

Name of Course: _____

Description of Course: _____

Location of Course: _____

Dates of Course: _____

I hereby approve this person's participation in the above named Staff Development Unit Credit Program. I further certify that the goals and objectives of this course are consistent with the goals and improvement objectives of this school system.

**System Superintendent or
Staff Development Coordinator
Michael C. Carlos Museum**

Date of Approval

Staff Development Unit (SDU) Course Completion Form
To document satisfactory completion of SDU courses

Participant Information

Name: _____ SS# _____

Employing System: _____

School/Worksite: _____

Course Information:

Course Title: _____

Date of Completion of all course requirements
Including assessment:

Total Contact Hours of the Course:

Number of SDU Credits:

Training Agency Information:

Agency Name: Michael C. Carlos Museum, Emory AppUniversity
Contact Person: Julie Taylor Green Phone: 404-727-2363

Verifications:

Option I: Mastery Verification
Prepared Phase/Contact Hours Completed

Instructor's Signature _____
Date

Option II: On-The-Job Assessment

Observer's Signature _____
Date Assessment Completed