

Plan to Complete PPS-

Pupil Personnel Services: School Counseling Preliminary Credential

**Guidance Learning Specialist (GLS) Candidate to complete this form if Preliminary PPS Credential is not included in application packet.**

# NAME:

**College or University attending for PPS program:**

**Anticipated Date of Program Completion:**

**Anticipated Date of PPS Credential Issuance:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate/Employee’s Signature Date

**Distribution:**

**HR File**

**Candidate**

#### Form HR-CR5

##### 10.25.17