



# ACT 48 CREDIT COURSES CERTIFICATION FORM

## REQUESTER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

PDE Number \_\_\_\_\_ *OR* Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*AND* IUP Student ID: @ \_\_\_\_\_

## SCHOOL DISTRICT INFORMATION

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_

## COURSE INFORMATION

Course Department: \_\_\_\_\_ Course Number: \_\_\_\_\_ Credits: \_\_\_\_\_

Course Title: \_\_\_\_\_

Instructor: \_\_\_\_\_ Semester and Year course was taken: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**I hereby authorize Indiana University of Pennsylvania to submit this information to my school district and the Pennsylvania Department of Education.**

*(Your signature is required for processing)*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Please FAX or MAIL this completed form to the Attention of Missy Daisley, Assistant Registrar\*\*\***