



ACT 48 CREDIT COURSES CERTIFICATION FORM

REQUESTER INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: City: _____ State: _____ Zip Code: _____

PDE Professional Personnel ID (PPID) (*required*): _____

IUP Student ID: @ _____

SCHOOL DISTRICT INFORMATION (*optional*)

Name: _____

Street Address: _____

City: _____ State: _____

Zip Code: _____

INDIVIDUAL COURSE INFORMATION

For an individual course submitted to PDE, complete the information below.

Course Department: _____ Course Number: _____ Credits: _____

Course Title: _____

Instructor: _____ Semester and Year course was taken: _____

OR

ALL COURSE(S) INFORMATION

For all courses within a period of time submitted to PDE, complete the information below.

Starting Semester and Year: _____ Ending Semester and Year: _____

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 EMAIL, MAIL or FAX this completed form to the Office of the Registrar*****