Return to:
Indiana University of Pennsylvania
College of Education and Human Services

104 Stouffer Hall
1175 Maple St.
Indiana, Pennsylvania 15705
Fax: 724-357-5595
Phone: 724-357-2480

ACT 48 CREDIT REQUEST FORM

REQUESTER INFORMATION

Last Name:_____First Name:_____Middle Initial: _____

Street Address: _____City:_____State:____Zip Code: _____

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

Email Address: _____

SCHOOL DISTRICT INFORMATION *(optional)*

Name:_____

Street Address: _____

City_____ State: _____ Zip Code: _____

COURSE INFORMATION

Course: Mentor Teacher Workshop

Instructor: The Educator Preparation Program Office

Hours: 3 hours

Date: Virtual, Asynchronous

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)*

Requester Signature:_____Date: _____

******Please EMAIL, MAIL, or FAX this completed form to the College of Education and Human Services******
lcolton@iup.edu