



THE UNIVERSITY OF
SCRANTON[®]
A JESUIT UNIVERSITY

ACT 48 PROFESSIONAL EDUCATION STUDENT DATA SHEET

Professional Personnel ID# (from PDE) _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____

Email address: _____

We will submit two of your chosen courses which satisfy the 180 hours required by the Pennsylvania Department of Education for Act 48 for each five year reporting period.

One three credit course = 90 clock hours

Course Name and Number to be submitted:

1. _____

Date from: _____ Date to: _____

2. _____

Date from: _____ Date to: _____

Student Signature _____ Date _____

Please submit this form to: kara.dale@scranton.edu

Once your course(s) are submitted to PDE, a confirmation email will be sent to the email address you provided.