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:

The University of Scranton
Registrar's Office
800 Linden Street
Scranton, Pa 18510

*Or you may fax your form to the attention of Bob Strack at 570-941-4148

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