



# ACT 48 CREDIT COURSES CERTIFICATION FORM

## REQUESTER INFORMATION

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## SCHOOL DISTRICT INFORMATION *(optional)*

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

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

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

## INDIVIDUAL COURSE INFORMATION

*For* \_\_\_\_\_ *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: \_\_\_\_\_