

## REQUEST FOR ACT 48 COURSE REPORTING

***IN COMPLIANCE WITH THE PENNSYLVANIA DEPARTMENT OF EDUCATION (PDE), SAINT JOSEPH'S UNIVERSITY WILL REPORT SUCCESSFUL COMPLETION OF ALL COURSES TAKEN TO SATISFY ACT 48 REGULATIONS TO PDE, THE PROFESSIONAL EDUCATOR (THE STUDENT), AND THE SCHOOL ENTITY THAT EMPLOYS THE PROFESSIONAL EDUCATOR. RECORDS OF CREDIT COURSE COMPLETION AT SAINT JOSEPH'S UNIVERSITY WILL BECOME PART OF THE STUDENT'S PERMANENT TRANSCRIPT; WHEREAS NONCREDIT COURSE RECORDS WILL BE KEPT FOR ONLY FIVE YEARS. TO REQUEST THAT YOUR COURSE COMPLETION BE REPORTED IN COMPLIANCE WITH ACT 48, YOU MUST COMPLETE AND SIGN THIS FORM:***

NAME \_\_\_\_\_

PROFESSIONAL I.D. # \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

PROGRAM STATUS \_\_\_\_\_ CURRENT CERTIFICATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

SEMESTER	COURSE #	COURSE TITLE	CREDITS	INSTRUCTOR
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SCHOOL ENTITY TO WHICH COURSE COMPLETION REPORT SHOULD BE SENT:

**\*PLEASE NOTE IF ADDRESS IS NOT COMPLETE A REPORT WILL NOT BE SENT\***

CONTACT PERSON OR OFFICE \_\_\_\_\_ PHONE \_\_\_\_\_

SCHOOL ENTITY \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

I HEREBY GRANT PERMISSION TO SAINT JOSEPH'S UNIVERSITY TO REPORT MY COMPLETION OF THE ABOVE-NAMED COURSES TO THE SCHOOL ENTITY LISTED HERE AND TO THE PDE.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CERTIFICATION OFFICER SIGNATURE

\_\_\_\_\_  
DATE