CLARION UNIVERSITY OF PENNSYLVANIA
School of Education
Act 48 Information Form

Student Name: ____________________________________________
(First) (Middle I) (Last)

Student Address: ____________________________________________
(P.O. Box) (Street)
________________________________________________________________
(City) (State) (Zip Code)

Student PPID#: ____________________________________________

Name of School District: ____________________________________________
(Employed by) If not employed leave blank

School District Address: ____________________________________________
(Employed by)

Type of Certificate you currently hold: Level I _______________ Level II _______________

Area of Certification(s): ____________________________________________

Work Phone: _______________ Home Phone: _______________ E-mail: _______________________

Course: ____________________________________________

Title of Course: ____________________________________________

Name of Instructor: ____________________________________________

Number of Credits: ___________________ -or- Number of Hours: ___________________

Date Course was completed: ___________________

Please fax to 814-393-2426; email to kstewart@clarion.edu or forward the completed form to:

Clarion University of PA
Office of Field Services
Ms. Kimberly Stewart
102 Stevens Hall
Clarion PA 16214-1232

Required Signatures:
I affirm that the above information I have provided Clarion University for Act 48 credit is true and accurate. Furthermore, I give Clarion University permission to submit any and all information contained on this form to the Pennsylvania Department of Education for entry into their Act 48 database.

__________________________  _________________________
Director, School of Education  Student Signature

Date information was entered in Act 48 account: ___________________

R:5/26/16