

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
127 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: _____