

Immaculata University
ACT 48

Please complete this form to have your information regarding courses/workshops taken at Immaculata University submitted to the Pennsylvania Department of Education (PDE). Nine credits will be submitted to PDE.

Professional Personnel ID #: _____
(7 digit number-Can be obtained via www.pde.state.pa.us – Access ACT 48 reporting system.)

Name:

Home address:

Phone:

Email:

Current certification (PA certifications only) _____

Courses to be submitted:

	Month	Year	Course #	Course Title	Credits	OFFICE USE ONLY CRN/DATES/GRADE
Course #1:						
Course #2:						
Course #3:						

Signature to release records to the PA Department of Education:

Signature

Return to: Email: lbustsaan@immaculata.edu
Mail: Immaculata University, College of Graduate Studies – 1145 King Rd. Suite 130 Loyola Hall, Immaculata, PA 19345.

Please contact Leah Bustraan, Certification Officer in the Education Division, at 484-323-3297 with any questions.

Office Use Only:
Submitted to PDE _____