

**SLIPPERY ROCK UNIVERSITY**  
**ACT 48 CREDIT or CONTACT HOUR REQUEST FORM**  
**COLLEGE OF EDUCATION**  
**(724) 738-2007**

Student Name: \_\_\_\_\_

**Professional Personnel**  
**Identification No. (PPID)**  
**REQUIRED:**  
**\*SSN NOT ACCEPTED BY**  
**PDE WEBSITE**

\_\_\_\_\_ Last First Middle \_\_\_\_\_

Student Address: \_\_\_\_\_

\_\_\_\_\_ Street  
 \_\_\_\_\_ City State Zip

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_

School & District in Which You Teach: \_\_\_\_\_

**A. If this is a SRU Non-Credit Bearing Workshop/Experience**

Name of the Workshop/Description of Experience: \_\_\_\_\_

\*Course Activity Subject Area No. (see below): \_\_\_\_\_

This workshop/experience started on (mm/dd/yy): \_\_\_\_\_

Ended on (mm/dd/yy): \_\_\_\_\_

Name of Instructor/Facilitator: \_\_\_\_\_

Number of Clock Hours Student Attended: \_\_\_\_\_

Signature of Dean of Education: \_\_\_\_\_

(Required for all non-credit workshops/experiences)

Signature \_\_\_\_\_

Date \_\_\_\_\_

**B. If this is a SRU Credit-Bearing Course/Workshop (you may list up to 2 courses on each form)**

1. Course Title: \_\_\_\_\_

\*Course Activity Subject Area No. (see below): \_\_\_\_\_

Course Department: \_\_\_\_\_ Course Number: \_\_\_\_\_ Number of Credits: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_ Semester & Year in Which Course was Taken: \_\_\_\_\_

2. Course Title: \_\_\_\_\_

\*Course Activity Subject Area No. (see below): \_\_\_\_\_

Course Department: \_\_\_\_\_ Course Number: \_\_\_\_\_ Number of Credits: \_\_\_\_\_

Name of Instructor: \_\_\_\_\_ Semester & Year in Which Course was Taken: \_\_\_\_\_

\*Course Activity Subject Areas:

1	Teaching and Learning Professional Development	4	Technology
2	Standards Area Curriculum and Assessment	5	Student Social and Health Issues
3	Academic Content Studies	6	School Administration

I affirm that the above information I have provided Slippery Rock University's Act 48 Recorder is true and accurate. I understand that approval of credits and workshops for Act 48 is at the discretion of my school district. Furthermore, I give Slippery Rock University permission to submit any and all information contained on the form to the Pennsylvania Department of Education for entry into the Act 48 database.

**Student Signature- REQUIRED**

Date \_\_\_\_\_

Please make sure you have entered your PPID number at the top of this form. The number is needed to upload your credits to PDE website

**RETURN COMPLETED FORM TO: SLIPPERY ROCK UNIVERSITY**  
**OFFICE OF ACADEMIC RECORDS AND SUMMER SCHOOL, 107 OLD MAIN**  
**SLIPPERY ROCK, PA 16057**

Date information was entered into Act 48 account: \_\_\_\_\_

ARSS initials: \_\_\_\_\_

03/2015