

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

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

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

**RETURN COMPLETED FORM TO: SLIPPERY ROCK UNIVERSITY
OFFICE OF ACADEMIC RECORDS & REGISTRATION, 104 MALTBY AVE, SUITE 107
SLIPPERY ROCK, PA 16057**

Date information was entered into Act 48 account: _____ AR initials: _____