

Last First Middle

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 BY EMAIL OR MAIL:**

academic.records@sru.edu

Office of Academic Records and Registration  
104 Maltby Avenue, Suite 107  
Slippery Rock, PA 16057

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