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Act 48 requires that all certified educators must submit to PA Department of Education for continued certification their: college credits, continuing professional education credits, clock hours, continuing professional education courses, learning experiences or any combination of collegiate studies.  
(Please see [www.pde.state.pa.us](http://www.pde.state.pa.us) for specific information)

**Student Information: Please PRINT**

Name: \_\_\_\_\_ SSN/Banner ID: \_\_\_\_\_  
Previous Name: \_\_\_\_\_ Program/Degree: \_\_\_\_\_  
Graduation Year or Dates of Attendance: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Campus Attended:    Philadelphia            Georgia

**ACT 48 Information: Please PRINT**

**Last Term/Year that was submitted for Act 48:** \_\_\_\_\_

**Your PA Dept of Ed/Prof Personnel ID (AUN No):** \_\_\_\_\_  
(May be found on [www.pde.state.pa.us](http://www.pde.state.pa.us) )

**Your Mailing Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Term(s) or Course(s) to Submit for Credit:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

With my signature I hereby authorize the release of my academic credit information to the PA Department of Education for Act 48 credits.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

REGISTRAR'S OFFICE USE ONLY: Processed By: \_\_\_\_\_ Date: \_\_\_\_\_