

THE UNIVERSITY OF SCRANTON

ACT 48 PROFESSIONAL EDUCATION STUDENT DATA SHEET

Student Social Security Number_____

First Name_____

Last Name_____

Address_____

City_____ State_____ Zip_____

Email address: _____

Activity Name (Course Number and Title)_____

Activity Type: College Course

Total Activity Hours/Clock Hours_____ (One academic credit = 30 clock hours)

Date From (mm/dd/yyyy)_____ Date To (mm/dd/yyyy)_____

Hours Attended/Credits Awarded _____

Student Signature_____ Date_____

Completion of two college courses for a total of 180 hours satisfies the Pennsylvania Department of Education requirement for Act 48 for each five year reporting period.

Please submit this form to:

**College of Graduate and Continuing
Assistant Dean
O'Hara Hall, Room 118
The University of Scranton
Scranton, PA 18510-4632
Fax: (570) 941-5819**

We will send you an email once the course(s) has been reported to the Pennsylvania Department of Education.