



Return to:  
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# ACT 48 CREDIT COURSES CERTIFICATION FORM

## REQUESTER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

PF4 912 0 62 792 reWB4 12 Tf1 0 0 1 348 0.59999 ref000000912 0 62 792 reWB4 12 Tf1 0 0 1 475.0694.82 Tm0 GJ

## SCHOOL DISTRICT INFORMATION *(optional)*

## INDIVIDUAL COURSE INFORMATION

*For an individual course submitted to PDE, complete the information below.*

## All COURSE(S) INFORMATION

*For all courses within a period of time submitted to PDE, complete the information below.*