



College of Education and Behavioral Sciences  
**Request for ACT 48 Course Reporting**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Last 4 digits of SSN \_\_\_\_\_

Educator PPID # \_\_\_\_\_

Student ID# \_\_\_\_\_

E-mail Address \_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Dean

College of Education and Behavioral Sciences

**PLEASE RETURN TO:** EASTERN UNIVERSITY  
 Attn: Adele Ressler ELC 300  
 1300 Eagle Road  
 St. Davids, PA 19087

Tel: 610-341-1383  
**Email to:** aressler@eastern.edu

**PLEASE LIST ONLY SIX CREDITS**

Please give **EXACT DATES** – for example: From: **05/10/2022** – To: **06/21/2022**  
 The form must contain complete dates or the courses will not be reported.

**PLEASE MAKE SURE COURSES LISTED WERE TAKEN AFTER CERTIFICATION WAS APPROVED!**

\*Educator Number can be obtained from the PA Dept of Ed Website. Without this number the form can not be processed.

Course Title	Course No.	Date From	Date To	Credits
XXX	EDUC. XXX	00/00/00	0/00/00	X

**Remember only 6 credits every 5 years!**