

# Request for Act 48 Course Report



**CABRINI**  
UNIVERSITY

- Cabrini will report *up to six credits per five-year Act 48 period* to the Pennsylvania Department of Education.
- Upload of credits will occur *within 30 days of request*.
- Form must be completed and signed, and the Cabrini Student ID number and the Pennsylvania Department of Education Professional ID number *must be supplied*, or the form cannot be processed.
- For more information, please contact [paact48@cabrini.edu](mailto:paact48@cabrini.edu).

Students can request that course completion be reported by completing this form, saving a copy for records, and submitting by fax to 610.902.8510 or by mail to:

Cabrini University School of Education  
610 King of Prussia Road Radnor, PA  
19087-3698  
Attention: Mr. Rick Stetler

Name \_\_\_\_\_ Cabrini Student ID Number \_\_\_\_\_

PA Dept. of Education Professional ID number (7-digit number available at [www.pde.state.pa.us](http://www.pde.state.pa.us)) \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Certification \_\_\_\_\_

Student Type:      Off-Campus Student       On-Campus Student

Month	Year	Course Title	Credits	Instructor
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## School Entity to Receive Course-Completion Report

Contact Person for Office \_\_\_\_\_ Phone \_\_\_\_\_

School Entity \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*I hereby grant Cabrini University permission to report the completion of these courses to the PA Department of Education.*

Signature \_\_\_\_\_ Date \_\_\_\_\_