Saint Vincent College ACT 48 CREDIT COURSES CERTIFICATION FORM

	Applicant Inf	<u>ormation</u>	
Name	ID #		
Street Address			
City			
)#		
(Profession	onal Personnel Ic	lentification Nur	nber)
	found on the PI		
Master Program:			
	School District I		
Name			
Street Address			<u> </u>
City			
** Forms v	vill be returned if in	formation is not con	mplete_
	Course Infor	mation	
Course Department	Course	e Number	Credits
Course Title			
Semester/Year Offered			
Start Date		End Date	
** mo/da/year			**mo/da/year
Instructor		Grade earned _	
I authorized Saint Vince district and the Pennsylva	•		mation to my school
Student signature		Da	ate
	to the Joan Roach ser Purchase Rd. (Keep a copy for y	h –Education Dep , Latrobe, PA 15	partment– Prep Hall
Date processed Processed	by (Return	1 copy to Stud	

	Course Informat	<u>ion</u>		
Course Department	Course Number	Credits		
Course Title				
Semester/Year Offered				
Start Date	End Date			
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	Course Information	<u>tion</u>		
Course Department	Course Number	Credits		
Course Title				
Semester/Year Offered				
Start Date	End Date			
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