Saint Vincent College
ACT 48 CREDIT COURSES CERTIFICATION FORM

Applicant Information

Name_____ID #_____

Street Address _____

City_____State_____Zip_____

PPID# _____
(Professional Personnel Identification Number)
found on the PDE website

Master Program: _____

School District Information

Name _____

Street Address_____

City _____State _____ Zip_____

***** Forms will be returned if information is not complete**

Course Information

Course Department _____ Course Number _____Credits _____

Course Title _____

Semester/Year Offered _____

Start Date _____ End Date _____
           ** *mo/da/year*   **mo/da/year*

Instructor _____Grade earned _____

I **authorized Saint Vincent College to submit this information to my school district and the Pennsylvania Department of Education.**

Student signature_____ **Date** _____

Return completed form to the Joan Roach –Education Department– Prep Hall
300 Fraser Purchase Rd., Latrobe, PA 15650
(Keep a copy for your records)

Date processed _____Processed by _____(Return copy to Stud

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Course Title _____
Semester/Year Offered _____
Start Date _____ End Date _____
           ***mo/da/year*   ***mo/da/year*
Instructor _____Grade earned _____

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