



The University of the Arts
Professional Institute for
Educators + MEd Programs

Request for Act 48 Submission

Complete and return this Form to the Professional Institute for Educators (PIE) + MEd Programs for Act 48 credit reporting to the Pennsylvania Department of Education (PDE).

Date of Request: _____ **7 Digit PA Professional Personnel ID:** _____

If unknown, log into PDE website (www.education.pa.gov)

First Name: _____ Last Name: _____

Date of Birth: _____ Have you ever taken courses at UArts? (Y/N): _____

Street Address: _____

City: _____ ST: _____ ZIP: _____

Email: _____ Phone: _____

School: _____ District: _____

Course Information (Graduate Credit-bearing only):

Semester/Yr ____ / ____ Course # _____ Course Title _____

Signature: _____

-OR-

Professional Development Activity (NON Graduate Credit-bearing):

Activity Title (course/workshop/conference) _____

Date(s) of Activity _____ HOURS Earned _____

Signature: _____

Return to: Professional Institute for Educators + MEd Programs
University of the Arts, 320 S. Broad Street, Philadelphia, PA 19102
Fax: 215.717.6538 | Phone: 215.717.6092 | Email: pie@uarts.edu