SETON HILL UNIVERSITY
Act 48 Course Request

NOTE: All information is required by Seton Hill University and the Pennsylvania Department of Education. This form will not be processed if any of the information below is missing.

Student's Full Legal Name: _____
First Middle Last

SHU ID # _____ Professional Personnel ID # _____ Birthdate: _____
(From PDE Website)

Current Address: _____
Street City State/Zip

Pennsylvania Teaching Certificate Number: _____ Area of Certification: _____

I am requesting that when I complete the following course(s), the Pennsylvania Dept of Education will be notified.

Course #	Course Title	Start Date	End Date

Student's Signature: _____ Date: _____
(Required)

_____
Date Processed (Office Use Only)

Return this form to: Office of Financial Services and the Registrar, 1 Seton Hill Drive, Greensburg, PA 15601
Room: Admin 104 Phone: 724-830-1010 Fax: 724-830-1194
Email: helpfinreg@setonhill.edu

Revised April 2019