

**Carlow University**  
**ACT 48 REQUEST FORM**

**PLEASE PRINT**

Name: \_\_\_\_\_ Professional ID Number# \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

**\* Required Information**

\* Course NUMBER & FULL Name: \_\_\_\_\_

**Month, Day & Year of Course:** \_\_\_\_\_ to \_\_\_\_\_ Year: \_\_\_\_\_  
(BEGINNING mo. & day) (ENDING mo. & day)

\* Course NUMBER & FULL Name: \_\_\_\_\_

**Month, Day & Year of Course:** \_\_\_\_\_ to \_\_\_\_\_ Year: \_\_\_\_\_  
(BEGINNING mo. & day) (ENDING mo. & day)

\* Course NUMBER & FULL Name: \_\_\_\_\_

**Month, Day & Year of Course:** \_\_\_\_\_ to \_\_\_\_\_ Year: \_\_\_\_\_  
(BEGINNING mo. & day) (ENDING mo. & day)

\* Course NUMBER & FULL Name: \_\_\_\_\_

**Month, Day & Year of Course:** \_\_\_\_\_ to \_\_\_\_\_ Year: \_\_\_\_\_  
(BEGINNING mo. & day) (ENDING mo. & day)

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(BEGINNING mo. & day) (ENDING mo. & day)

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(BEGINNING mo. & day) (ENDING mo. & day)

\* Course NUMBER & FULL Name: \_\_\_\_\_

**Month, Day & Year of Course:** \_\_\_\_\_ to \_\_\_\_\_ Year: \_\_\_\_\_  
(BEGINNING mo. & day) (ENDING mo. & day)

\* Course NUMBER & FULL Name: \_\_\_\_\_

**Month, Day & Year of Course:** \_\_\_\_\_ to \_\_\_\_\_ Year: \_\_\_\_\_  
(BEGINNING mo. & day) (ENDING mo. & day)

**Please return this form with a photocopy of educator's Pennsylvania certificate to:**

**CARLOW UNIVERSITY  
EDUCATION DIVISION  
3333 FIFTH AVENUE  
ATTENTION: ANDREA MURPHY  
PITTSBURGH, PA 15213**

**Or fax this form and your Pennsylvania certificate to: 412-578-8816**

**If you have any questions, please call: 412-578-6012 or 1-800-718-5889**

(Please allow 5-7 weeks for processing your information). After receiving your information we will report to the Department of Education all learning activities provided by the entity and completed by professional staff to comply with continuing education requirements. You will also receive a letter from Carlow University verifying that your information has been submitted to the state.