Robert Morris University
Department of Education
Act 48 Form

Last Name _____ First Name _____ MI ____ Former Last Name _____ Student ID _____

Address _____ City _____ State ____ Zip _____

PPID (REQUIRED)** _____ Email _____ Phone _____

**Educators can find their PPID by going to PDE's website at www.education.state.pa.us

	Course Prefix	Course #	Course Title	Semester/ Year	Credits Earned	Activity Code*
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

PLEASE NOTE: Final grade must be posted on RMU student account before course information can be submitted to PDE for Act 48 credit.

*Course Activity Subject Area

1	Teaching and Learning Professional Development	4	Technology
2	Standards Area Curriculum and Assessment	5	Student Social and Health Issues
3	Academic Content Studies	6	School Administration

REQUIRED SIGNATURE:

I affirm that the above information provided is true and accurate. Furthermore, I give Robert Morris University permission to submit all information contained on this form to the Pennsylvania Department of Education for entry into the Professional Education Record Management System (PERMS).

Student's Signature _____ Date _____

Email completed form to:

Renee Lyles, Records and Service Specialist lyles@rmu.edu
RMU Office of Registration
Nicholson Center Office #426
6001 University Blvd
Moon Township, PA 15108