



OFFICE OF THE UNIVERSITY REGISTRAR

1900 West Olney Avenue - Box 818
Philadelphia, PA 19141

Act 48 - Continuing Education
Request Form

Personal Information:

Full Name: _____ Maiden Name: _____

PDE Professional ID # _____ La Salle Student ID#: _____

E-mail Address: _____ Phone: _____

Address: _____

City: _____ State : _____ Zip: _____

Please indicate the *term and courses* that you are requesting for submission:

Semester Attended	Course #	Course Name	# of Credits

Reminder - Only courses taken for academic credit at La Salle University can be submitted to PDE.

Signature (REQUIRED): _____ Date: _____

Mail:
La Salle University
Registrar Office, Box 818
1900 West Olney Ave
Philadelphia, PA 19141

**** Please allow up to 7 – 10 business days
for processing.**

Fax: 215-951-1785