



LASALLE UNIVERSITY
 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's Office, Box 818
 1900 West Olney Ave
 Philadelphia, PA 19141

Fax:
 215-951-1785

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