

Request for Submission of Act 48 Credits please print clearly – all fields are required if currently enrolled, please wait until you receive your grade before submitting this form

Your Professional Perso	nnel ID uniquely id ou do not know you	ur Professional Personnel	nonwealth of Penns	sylvania. This number is required up on the <u>Professional Education</u>	
Campus Key					
First Name				Middle Initial	
Last Name					
Street Address					
City	State Zip Code				
Phone Number (in case of a proble	m with your request) ()		
Subject	Course	Section	Title	Term	
Employer Name	mployer NameAttention				
Street Address _					
City		Si	tate	Zip Code	
University to report this i	nformation to the F		on as Act 48 credit.	and authorize Thomas Jefferson I also authorize Thomas Jefferson	
Signature:	ignature: Date:				

Please email completed form to one of the following places:

If class(es) were completed at the Center City campus, please email completed form to university.registrar@jefferson.edu If class(es) were completed at the East Falls campus, please email completed form to tju_ef_registrar@jefferson.edu