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ACT 48 SUBMISSION DATA

PLEASE WRITE ALL INFORMATION LEGIBLY

ATTENDEE INFORMATION

Workshop Date: April 24, 2020

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Professional Personal ID# _____ (assigned by PDE) Certification Area _____

SCHOOL DISTRICT INFORMATION

District: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

COURSE INFORMATION

Program Title: IUP Spring Methodology Conference

Program Instructor: Dr. Jean-Louis Dassier & Dr. Sean McDaniel

Number of Act 48 Hours Awarded: 6 hours

I hereby authorize Indiana University of Pennsylvania to submit this information to Pennsylvania Department of Education.

(Your signature is required for processing)

Signature: _____ Date: _____

For Office Use Only:

_____ Date Processed