

Albright College
Office of the Registrar
PO Box 15234 * Reading, PA * 19612-5234
Phone (610)921-7256 * Fax (610)921-7258

Request for Act 48 Credit

Please submit Act 48 credit for the following courses according to
Pennsylvania Department of Education procedures:

Name _____ (please print)
First *Last*

Address _____
Street

City *State* *Zip Code*

Social Security Number _____

School District Name _____

Address _____

Course No. & Name _____ **Semester & Year** _____

Course No. & Name _____ **Semester & Year** _____

Course No. & Name _____ **Semester & Year** _____

Course No. & Name _____ **Semester & Year** _____

Signature _____ **Date** _____

Please return this form to the Office of the Registrar at Albright College.