

# ***READING AREA COMMUNITY COLLEGE***

10 South Second Street • P.O. Box 1706 • Reading, PA 19603-1706 • 610.372.4721

## **ACT 48 REGISTRATION FORM**

### **Attention Educators**

This form must be completed *in it's entirety* to accurately report ACT 48 hours.  
Incomplete information may cause a delay in posting your credits to the PA  
State Department of Education ACT 48 reporting system.

**\*Return completed forms to the RACC Records Office, B107\***

### **STUDENT INFORMATION**

**NAME:** \_\_\_\_\_

**PDE# (7 Digit ID#):** \_\_\_\_\_ **SSN#:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE #:** (    ) \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

### **COURSE INFORMATION**

**COURSE #:** \_\_\_\_\_ **COURSE NAME:** \_\_\_\_\_

**START DATE:** \_\_\_\_\_ **END DATE:** \_\_\_\_\_

**CREDIT (# of credits)** \_\_\_\_\_  **NON-CREDIT (# of hours)** \_\_\_\_\_



### **INSTRUCTOR'S CERTIFICATION OF ATTENDANCE**

**NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_