TEMPLE UNIVERSITY

3307 North Broad Street
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Phone: (215) 707-4990 | Fax: (215) 707-3678

TEMPLE UNIVERSITY
SCHOOL OF PHARMACY

GRADUATE PROGRAM

CERTIFICATE IN PHARMACEUTICS

APPLICATION FORM

Please send this form (hard copy only) to the **RAQA Graduate Program, 425 Commerce Drive, Fort Washington, PA 19034-2713**. You must include **photocopies** of undergraduate and graduate transcripts from **all** colleges/universities you have attended. We cannot process your application without them. Certificates are not automatically mailed. When you finish the required coursework, please notify the RAQA Office by fax (267.468.8565) that you are eligible to receive the certificate. Certificates are only issued three times a year (February, June, and August). An overall B average (3.0) is required.

Name _____

Address _____

City _____ State _____ Zip _____

TUid _____ email _____

Daytime phone _____ Evening phone _____

College attended _____

Degree Received _____ Year _____ Major _____

Graduate School attended _____ Year _____ Major _____

Signature _____ Date _____

Please write a brief statement of why you are interested in pursuing the Certificate in Pharmaceutics:

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To be completed by RAQA office:

Pharmaceutics 8002 _____ Pharmaceutics 8003 _____

Pharmaceutics 8006 _____ Elective _____