



School of Pharmacy

TEMPLE UNIVERSITY

Quality Assurance/Regulatory Affairs
Graduate Program

Return completed form (2 pages) to:

Temple University - School of Pharmacy
Office of Graduate Studies
3307 N Broad St, Philadelphia, PA 19140

Application for Graduation to Receive Master's Degree

Please consult the Academic Calendar (<http://www.temple.edu/registrar/GraduationandDiplomas.html>) for application deadlines for January, May, and August graduation dates. Check payment must accompany this form, or it will not be accepted. The graduation fee covers the cost of printing and mailing your diploma. The fee is subject to change. If you miss the application deadline, there is a \$25.00 late fee.

Non-Refundable GRADUATION FEE
\$45.00

Please include acct # 800-4902-102480000 and your TUID # on your check.

STUDENT INFORMATION

TUID # _____

Email _____

Name _____

First, Middle, Last EXACTLY as you wish your name to appear on your diploma

Current Address _____

City, State, Zip Code

Home Phone () _____ - _____ Work Phone () _____ - _____

Degree Information

Degree Sought : **MS** Graduation Date: Year _____ Jan ___ May ___ Aug ___

Program: **Quality Assurance/Regulatory Affairs** College: **School of Pharmacy**

Last Semester Registered (fill in year): Fall _____ Spring _____ Summer 1 _____ Summer 2 _____

Courses you are currently taking this semester

| Dept. | Course # | Title | Hours | Semester | Instructor |
|-------|----------|-------|-------|----------|------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

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Credit and Completion Information

Have you requested a transfer of credit to your current program from another school? ___ Yes ___ No

If yes, has the request been approved in writing? _ Yes _ No

Where was the course(s) taken?

Date Completed

_____ / _____ / _____
 _____ / _____ / _____

Please list Incomplete, Unreported, and/or Missing Grade(s):

| Dept. | Course # | Title | Semester / Yr | Instructor |
|-------|----------|-------|---------------|------------|
| | | | | |
| | | | | |

| Dept. | Course # | Title | Semester / Yr | Instructor |
|-------|----------|-------|---------------|------------|
| | | | | |

Semester Hours : the MS in QA/RA requires the successful completion of 36 credit hours

| | |
|---|-------|
| Graduate Hours Completed at Temple | _____ |
| Transfer Credit Hours (from other Institutions) | _____ |
| Credits from Incompletes / NRs / MGs | _____ |
| Credits to be earned from the current semester | _____ |
| TOTAL | _____ |

Do you wish to have your diploma mailed to a different mailing address other than your current address?
 _ Yes _ No

If you answered yes, please LEGIBLY write in your preferred mailing address below. An outside company is mailing the diplomas, so they must be able to read the address:

Address Line 1

Address Line 2

City, State, Zip Code

[This section is for School / College use only.] Completion

Is completed coursework approved by Graduate Studies Office?

_ Yes _ No

Signed _____

