

## NOTICE OF COMPLETION for RAQA Certificate Programs

*This form may be used for all Post-Master's Certificate Programs offered by  
the RAQA Graduate Program*

Student's Full Name **as it should appear on the Certificate (please print clearly):**

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TUId number: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Please check which Post-Master's Certificate you have completed:

- Advanced RA and QA
- Biopharmaceutical Manufacturing and RA
- Biosimilars and Generic Drugs
- Clinical Trial Management
- Food RA and QA
- Global Pharmacovigilance: Benefit-Risk Assessment
- GMPs for the 21<sup>st</sup> Century
- Labeling, Advertising, and Promotions
- Medical Device
- Sterile Process Manufacturing

I completed (circle one) THREE or FOUR or FIVE courses for the certificate.

The courses I completed for the certificate are:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Semester & year certificate was completed: \_\_\_\_\_

Signature and date: \_\_\_\_\_