

## NOTICE OF COMPLETION for RAQA Certificate Programs

*This form may be used for all Pre-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 certificate you have completed:

- Drug Development
- Basic Pharmaceutical Development
- Biopharmaceutical Manufacturing and Regulatory Affairs
- Biosimilars and Generic Drugs
- Clinical Trial Management
- Food Regulatory Affairs and Quality Assurance
- Global Pharmacovigilance: Benefit-Risk Assessment
- GMPs for the 21<sup>st</sup> Century
- Labeling, Advertising, and Promotions
- Medical Device
- Pharmaceuticals (Non-Thesis MS in Pharmaceutics Program)
- 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.

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

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