



School of Pharmacy
 TEMPLE UNIVERSITY

Quality Assurance/Regulatory Affairs
 Graduate Program

Temple University - School of Pharmacy
 425 Commerce Drive, Suite 175
 Fort Washington, PA 19034-2713

Phone: 267.468.8560 Fax: 267.468.8565

Registration Form: Academic Year 2009 – 2010
TARRYTOWN, NY

PLEASE PRINT CLEARLY

To assure your place in a class, please register early by faxing this form to the QA/RA Office at 267.468.8565. New students must also fax the Temple University state residency form, or their registration cannot be processed.

Name: _____ TUID (Continuing Students): _____

Home Address: _____ (check here, if address has changed) []

City: _____ State: _____ Zip: _____

Are you a Pennsylvania Resident? Yes ___ No ___ If yes, for how long? _____

Home Phone: _____ Work Phone: _____

E-Mail Address: _____ Fax #: _____

Name of Employer: _____

Title: _____ Department: _____

Employer Street Address: _____ Mailstop _____ (address change?) []

City: _____ State: _____ Zip: _____

Year received Undergraduate Degree: _____ Major: _____ Year received Master's _____ Major: _____

Is this your first QA/RA course at Temple?

___ Yes Did you include the state residency form? (We cannot process your registration without it).

___ No If no, what number course is this: _____

Are you: ___ Non-Matriculated ___ Matriculated (or accepted into the MS degree)

Do you plan to pursue the MS Degree? Yes ___ No ___ Expected year to graduate: _____

Which certificate are you interested in pursuing:

___ Drug Development ___ Clinical Trial Management ___ Medical Devices ___ Global Pharmacovigilance

___ GMPs for the 21st Century ___ Generic Drugs ___ Pharmaceutical Development (for non-science majors)

___ Post MS Certificates (indicate which one: _____)

Applicant's Signature: _____ **Date:** _____

QA/RA Tuition

Pennsylvania Resident \$2,562.00*

Non-Resident \$3,399.00*

*Tuition for Fall 2009 through Summer 2010

Computer/Technology Fee

3 credits: \$43.00

6 credits: \$90.00

9 + credits: \$125.00

Student Facilities Fee

\$25.00 (fall & spring)

\$12.50 (summer sessions)

To receive a complete refund for a course, students must notify the QA/RA office in writing that they are dropping the course(s) BEFORE the second class (weekend courses) or BEFORE the third class (weeknight courses). You must use the Course Withdrawal Form available on the "Forms" link of the QA/RA website.

PLEASE ATTACH THE SECOND PAGE, making sure you check the course for which you wish to register.

The following courses will be offered at the West Chester Marriott in Tarrytown, NY, this summer:

_____5615. Project Management (318) crn: 025-120

_____8005. Biotechnology (318) crn: 025-136

_____Prerequisite: strong science background