Fall 2015 - Registration Form for Online Courses - Non-Thesis Pharmaceutics

REGISTER EARLY TO RESERVE YOUR SPOT IN A CLASS. PLEASE PRINT CLEARLY.

Complete all sections of this form and email to qarareg@temple.edu or fax to 267.468.8565. New students must include the Adobe tutorial password, a Temple U residency form, copies of undergraduate & graduate transcripts, a resume, and a recent photograph. Students who earned degrees abroad must include TOEFL/IELTS scores & WES/ECE reports.

Continuing Students: 9-digit TUid ___________ TUid __________________________

All Students: Name ____________________________

Home Address __________________________________________ (Check, if address change) [ ]

City________________________ State________ Zip________________

Are you a Pennsylvania Resident? Yes___ No____ If yes, for how long? ________________________________

Home Phone __________________ Work Phone __________________ Ext____

Work or Home Email ___________________________ Fax________________

Name of Employer ________________________________________________________________________________

Title________________________ Department________________________

Employer Street Address __________________________ Mailstop _______ (Check, if address change) [ ]

City________________________ State________ Zip________________

Year received Undergraduate Degree ______ Major ____________ Year received Master’s _____Major________

Is this your first RA and QA course at Temple?

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

_____No  If no, how many courses have you completed so far: ____________

NEW STUDENTS must include the following documents with this form:

_____copy of CV/resume and _____photocopies of all undergraduate and graduate transcripts and _____photo

(Email the photo to qarareg@temple.edu. Make sure you include your name.)

New students who earned degrees abroad must include photocopies of official TOEFL or IELTS score_____

and WES or ECE report_____.

Are you: _____Non-Matriculated ___Matriculated (or accepted into the MS degree program)

Do you plan to pursue the MS Degree? Yes___ No____ Expected year to graduate: ____________

Which certificate do you intend to pursue?

_____Drug Development _____Clinical Trial Management _____Medical Devices _____Global Pharmacovigilance

_____GMPs for the 21st Century _____Generic Drugs _____Pharmaceutical Dev _____Labeling & Advertising

_____Post Master’s Certificate (indicate which one:__________________________________________________)

Applicant’s Signature:________________________________________________________  Date:________________

RAQA Tuition for 3 Credit Courses - No Change from Last Year

University Services Fee

PA Resident $3,003.00  Non-Resident: $3,801.00  1 – 4.9 credits: $140.00  5 – 8.9 credits: $287.00  9 + credits: $395.00

Drop Policy: To receive a complete refund for a course, students must submit the Course Withdrawal Form (on the Forms link of the RAQA website) BEFORE the second class (weekend courses) or BEFORE the third class (weeknight courses).

On the pages that follow, please check the Adobe Connect class for which you wish to register. The Proctoring Procedures page must be included.
**Proctoring Procedures**

**STUDENT AGREES TO THESE PROCEDURES:**

1. I will complete, sign, and return the Proctoring Agreement form **by the stipulated deadline** (provided by the RA and QA Office), so that I may take the exam and receive credit for it.

2. I agree to take the exam on the designated exam date. I understand that if I need to change the exam date, I will be charged a non-refundable fee of at least $20.00. If a documented emergency prevents me from taking an exam, I agree to take the make-up exam within 10 days (no exceptions). If I do not, the grade for the exam is an automatic 0.

3. I will identify an acceptable proctor and pay any applicable fees. (Note: If your course uses Software Secure, that is your proctor.) Acceptable proctors are testing site professionals (Sylvan Learning, Huntingdon Learning Centers, etc) or library proctors (most libraries provide free proctoring services). The RA and QA Office must approve all proctors. No friends or colleagues, relatives, subordinates at work, or current RA and QA students may be used. The RA and QA Office also provides free proctoring at Temple University’s Fort Washington Campus.

4. I will select an acceptable test location. Acceptable testing places are a library, professional testing site, or a college campus. Residences and home offices are not allowed (unless your course is using the Software Secure system).

5. I will show photo ID at the start of the exam and observe appropriate conduct throughout the test.

6. During the exam, I will observe appropriate test procedures, which includes staying in the room. **Unless otherwise specified by written instructions on the exam, I will not** use books, notes, a cell phone, pagers, electronic devices, or the Internet.

7. I will abide by Temple University’s code of academic honesty. Submitting false information on this form or not following RA and QA graduate program policies for taking a proctored test is subject to disciplinary action. See: [www.temple.edu/pharmacy_qara/plagiarism.htm](http://www.temple.edu/pharmacy_qara/plagiarism.htm)

8. I will not discuss any content or aspect of the exam with students or work colleagues either verbally or through electronic means (email, Twitter, Facebook, pagers, etc.) before, during, or after the exam.

9. **If my course is using Software Secure for proctoring, I understand that I must have administrative rights to the computer I am using.** (This means I have the right to download programs to the computer). I also understand that I must pay a $15.00 fee directly to Software Secure to use their system.

I understand that students who do not submit a signed Proctoring Agreement will receive a grade of zero for the exam.

Student Name (print)________________________________________ Date___________

Student Daytime Phone Number_______________________________

Student Email______________________________________________

Student Signature____________________________________________

Course Title and Semester_______________________________________

Course Instructor_____________________________________________

*This page must be submitted with the Registration Form for Online Courses. We cannot process a registration without this form.*
Online Courses Fall 2015: Before indicating your choice, please check one of the required statements:

___I have not taken a Temple U Online Course through Adobe Connect before.

___I have taken a Temple U Adobe class before and have not changed my computer or location where I will be participating in the upcoming classes. (If I have changed either, I will complete the self test of Adobe before registering).

You must check and sign the following statements. We cannot process registrations without signatures.

___By registering for any RA and QA Online course, I acknowledge I have read and will abide by Expectations of Online Students, including the statement about proctored exams.

___If this is my first Temple U Online Adobe course, or if I have changed my computer or location where I will be taking the class, I agree to complete the self-test of Adobe as stipulated in Expectations of Online Students. (Note the link for the Self-Test of Adobe is in that document). The Password is:______________________

___I understand that I will be required to take a proctored exam on a specific date and will make every effort to do so. If I know in advance that I cannot take the exam on the date designated on the schedule, I will select another course. If I need to change the exam date, I understand that I will be charged a $20.00 fee. In subsequent semesters, the fee increases to $30.00 per exam change.

___I have purchased a headset with a microphone for my computer. If the RA and QA Office learns that I am not using a headset with microphone, I understand that I will be dropped from all RA and QA Online courses and will not be allowed to register in future semesters. This rule ensures that all students enjoy an online experience that is conducive to learning.

___I agree to test my headset with Dave Brickett or a RA and QA technician no later than Sept 3, 2015.

___I agree to purchase a webcam for my computer (if one is not already built in) to participate in Online Courses.

___If I am taking a course that uses Software Secure (or online proctoring), I understand that I must have administrative rights to the computer I use. This means that I have permission to download computer programs (such as Software Secure). (Many work computers have firewalls which prevent external programs from being used.)

Once I obtain a TUmail account, I will forward the address to the RA and QA Office, so I can participate in the first class. If I do not have a TUmail account or a headset with microphone or have not tested Adobe Connect two days before the class starts, my registration will be cancelled.

I understand that I must check TUmail to receive the link for the first and all subsequent class meetings.

Signature_________________________________ Print Name_________________________________

Check the course(s) for which you wish to register (maximum of two):

___5474. Process Validation (990) crn: (Mondays)  
    _____I have completed GMPs (Pharm 5477) or Advanced GMPs - defining "c".

___5477. Good Manufacturing Practices (990) crn: 9357 (Thursdays)  
    _____I understand that I must pay a $15.00 fee to Software Secure for online proctoring.

___5478. High Purity Water Systems (990) crn: 28571 (Wednesdays)  
    _____I understand that I must pay a $15.00 fee to Software Secure for online proctoring.

___5577. CMCs - Biologics (990) crn: 28578 (Thursdays)