



TEMPLE UNIVERSITY
SCHOOL OF PHARMACY
 QUALITY ASSURANCE/
 REGULATORY AFFAIRS
 GRADUATE PROGRAM

CERTIFICATE IN CLINICAL TRIAL MANAGEMENT

APPLICATION FORM

Please send this form (hard copy only) to the QA/RA Graduate Program, 425 Commerce Drive, Suite 175, Fort Washington, PA 19034. You must include photocopies of undergraduate and graduate transcripts from all colleges and universities you have attended. We cannot process your application without them. Certificates are not automatically mailed. When you finish the required coursework, fax the Notice of Completion (available on the Applying Link) to the QA/RA Office by the deadline.



Name _____

Address _____

TUId _____ E-mail Address _____

Day phone _____ Evening phone _____

College attended _____

Degree Received _____ Year _____ Major _____

Graduate School attended _____ Year _____ Major _____

Signature _____ Date _____

Please write a brief statement of why you are interested in pursuing the Certificate in Clinical Trial Management:

To be completed by QA/RA office:

Pharmaceutics 5459 _____ Pharmaceutics 5536 _____

Pharmaceutics 5612 _____ Pharmaceutics 5537 or 5539 _____

Pharmaceutics 5618 or 5538 or 5497 _____