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

# DRUG DEVELOPMENT CERTIFICATE

# APPLICATION FORM

Please send this form (hard copy only) to the **QA/RA Graduate Program, 425 Commerce Drive, Fort Washington, PA 19034-2713**. You must include **photocopies** of undergraduate and graduate transcripts from **all** colleges/universities you have attended. We cannot process your application without them. Certificates are not automatically mailed. When you finish the required coursework, please notify the QA/RA Office by fax (267.468.8565) that you are eligible to receive the certificate. Certificates are only issued three times a year (February, June, and August). An overall B average (3.0) is required.

Name _____

Address _____

_____

TUid _____

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 Drug Development Certificate:***

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***To be completed by QA/RA office:***

Pharmaceutics 5459 _____ Pharmaceutics 5592 _____

Pharmaceutics 5477 or 5536 or 5476 _____ Elective _____