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, 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 Drug Development Certificate:

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To be completed by QA/RA office:

Pharmaceutics 5459 _____ Pharmaceutics 5592 _____

Pharmaceutics 5477, 5536, 5476 or 5479 _____ Elective _____