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

MEDICAL DEVICE 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 Medical Device Certificate:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

To be completed by QA/RA office:

Pharmaceutics 5592 _____ Pharmaceutics 5496 _____

Pharmaceutics 5502 _____ Pharmaceutics 5505 _____

Pharmaceutics 5474 or 5494 or 5498 or 5541 _____