

NOTICE OF COMPLETION for RAQA Certificate Programs

*This form may be used for all Pre-Master's certificate programs offered by
the RAQA Graduate Program*

Student's Full Name as it should appear on the Certificate (please print clearly):

TUId number: _____

Daytime phone number: _____

Email address: _____

Please check which certificate you have completed:

- Drug Development
- Basic Pharmaceutical Development
- Biopharmaceutical Manufacturing and Regulatory Affairs
- Biosimilars and Generic Drugs
- Clinical Trial Management
- Food Regulatory Affairs and Quality Assurance
- Global Pharmacovigilance: Benefit-Risk Assessment
- GMPs for the 21st Century
- Labeling, Advertising, and Promotions
- Medical Device
- Pharmaceutics (Non-Thesis MS in Pharmaceutics Program)
- Sterile Process Manufacturing
- Validation Science

I completed (circle one) THREE or FOUR or FIVE courses for the certificate.

The courses I completed for the certificate are:

1.

2.

3.

4.

5.

Semester & year certificate was completed: _____

Signature and date: _____