

## NOTICE OF COMPLETION for RAQA Certificate Programs

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

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

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TUId number: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Please check which certificate you have completed:

- \_\_\_\_\_ Advanced RA and QA
- \_\_\_\_\_ Biologics and Biosimilars: Manufacturing
- \_\_B\_\_ Biologics and Biosimilars: Regulatory Aspects
- \_\_\_\_\_ Biopharmaceutical Manufacturing and RA (Biotechnology)
- \_\_\_\_\_ Clinical Trial Management
- \_\_\_\_\_ Generic Drugs
- \_\_B\_\_ Global Pharmacovigilance: Benefit-Risk Assessment
- \_\_\_\_\_ Labeling, Advertising, and Promotions
- \_\_\_\_\_ Medical Devices
- \_\_\_\_\_ Pharmaceutical Manufacturing: Process Development
- \_\_\_\_\_ 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: \_\_\_\_\_