



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
- Biologics and Biosimilars: Manufacturing
- __B_Biologics and Biosimilars: Regulatory Aspects
- _____Biopharmaeutical 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:
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