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

DRUG DEVELOPMENT CERTIFICATE

APPLICATION

1. Mail hard copy of this form to Temple U, RA and QA Graduate Program, 425 Commerce Drive, Suite 175, Fort Washington, PA 19034.

2. Include photocopies of transcripts from all undergraduate and graduate colleges and universities attended.

3. Certificates are not automatically awarded. You must submit the Notice of Completion (available on the Certificate Link) to the RAQA Office by the stipulated deadline.

Name _____

Address _____ Apt _____

City _____ State _____ Zip _____

TUid _____ email _____

Daytime phone _____

Undergraduate School attended _____

Degree Received _____ Year _____

Graduate School attended _____ Year _____

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 RAQA office:

Pharmaceutics 5459 _____ Pharmaceutics 5592 _____

Pharmaceutics 5476, 5477, 5479 or 5536 _____ Elective _____