

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: _____