

**TO BE COMPLETED BY DEAN OF COLLEGE OF PHARMACY**

This is to certify that the above named applicant is entered into the professional curriculum of the \_\_\_\_\_, as of \_\_\_\_\_; and is a graduate  
(NAME OF SCHOOL) (DATE)  
of said professional curriculum as of \_\_\_\_\_.  
(DATE)

(SCHOOL SEAL)

\_\_\_\_\_  
(PRINT NAME OF DEAN)

\_\_\_\_\_  
(SIGNATURE OF DEAN)

\_\_\_\_\_  
(DATE)