

COLLEGE CERTIFICATION

(To be completed by College of Pharmacy)

This is to certify that _____

was in regular attendance at the _____

FROM _____

TO _____

FROM _____

TO _____

FROM _____

TO _____

FROM _____

TO _____

A total of _____ months and a Certificate of Graduation with the degree of _____

Issued on _____ or is scheduled to be Issued on _____

(If scheduled to graduate at a future date, the college will be responsible for advising the Board if for any reason the student does not graduate.)

(School Seal)

(Signature of Authorized Representative)

(Name Printed)

(Title)

DIRECTOR

Mail to: Tennessee Board of Pharmacy
665 Mainstream Drive
Nashville, TN 37243