



**GRADUATE SCHOOL OF  
BIOMEDICAL SCIENCES**

at New Jersey Medical School

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CERTIFICATION OF COMPLETION OF REQUIREMENTS FOR A  
Concentration in Pharmacological Sciences

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The student listed below has completed all requirements for the designation of a Concentration in Pharmacological Sciences. **Note: transcript must be presented**

Student's Name: \_\_\_\_\_

Student ID: A00\_\_\_\_\_

***~ M.S. candidate has successfully completed the Pharmacological Courses and the Core Curriculum.***

***~ Ph.D. candidate has successfully completed the Pharmacological courses and Core Curriculum including appropriate Research and Electives.***

**GRADUATE SCHOOL OF BIOMEDICAL SCIENCES**

The transcript has been reviewed and the concentration is approved by:

**Name:** B.J. Wagner, Ph.D.

**Title:** Professor

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please submit completed form to:**

**Nadine Stevens  
Program Supervisor  
ADMC/Suite 110  
NWK Campus**