



**New Jersey Office of the Attorney General**

Division of Consumer Affairs  
Board of Pharmacy  
124 Halsey Street, 6th Floor, P.O. Box 45013  
Newark, New Jersey 07101  
(973) 504-6450

**Certification of College Record of Applicant for Examination**

Name of applicant: \_\_\_\_\_

Name of college: <sup>Last name</sup> Rutgers, The State University of New Jersey / <sup>First name</sup> Ernest Mario <sup>Middle initial</sup> School of Pharmacy

**Dates of attendance**

	Month	Day	Year	to	Month	Day	Year					
First year:	___	/	___	/	___	to	___	/	___	/	___	} Completed at Commonwealth State University
Second year:	___	/	___	/	___	to	___	/	___	/	___	
Third year:	___	/	___	/	___	to	___	/	___	/	___	
Fourth year:	___	/	___	/	___	to	___	/	___	/	___	
Fifth year:	___	/	___	/	___	to	___	/	___	/	___	
Sixth year:	___	/	___	/	___	to	___	/	___	/	___	

Date when degree course was fully completed: \_\_\_\_\_

Date when degree will be awarded: May 20, 2009

Degree awarded: \_\_\_\_\_

Date of certification by Registrar: \_\_\_\_\_

\_\_\_\_\_  
Signature of Registrar or other college officer

**Please Impress  
College Seal  
Here**

\_\_\_\_\_  
Date