



Idaho State Board of Pharmacy

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Certificate of College Graduation

I hereby certify that _____
Graduate's Name

has graduated from _____

College of Pharmacy with a _____
degree.

Date of Graduation: _____

Printed Name/Title of President, Dean or Associate Dean _____

Ph#: _____ Email: _____

Signature of President or Dean: _____ Date: _____

SEAL OF COLLEGE