

Form 1 - Course Completion Certificate for Basic Subject Areas in the Department of Medicine

(school name) Course Completion Certificate for Basic Subject Areas in the Department of Medicine							
Year in school:				Student ID No.:			
Name		Sex		Birth date	MM/DD/YYYY	National ID No.	
No.	Subject Areas						
1	Human morphology (anatomy, histology, embryology, and developmental biology)						
2	Biochemistry						
3	Physiology						
4	Microbiology and immunology						
5	Human parasitology						
6	Pathology						
7	Pharmacology						
8	Public health						
<p>This is to certify that the individual named above has completed courses in all of the subject areas listed above and received passing grades.</p>							
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <p>(school seal)</p> </div> <div style="text-align: center;"> <p>President: (signature or seal)</p> </div> <div style="text-align: center;"> <p>Department Chair: (signature or seal)</p> </div> </div> <p>MM/DD/YYYY</p>							