



Galen University  
**Graduation Form**

**Kindly submit when fully completed (PLEASE PRINT/ TYPE)**

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Your name on your Diploma and in the Commencement program will read EXACTLY as it is written on this form.**

**Permanent Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Program:** \_\_\_\_\_ (Associate, Bachelor, or Masters)

**Major:** \_\_\_\_\_

**Minor:** \_\_\_\_\_

**Concentration:** \_\_\_\_\_

**Date of Enrolment:** \_\_\_\_\_ (m/d/y)

**Date of Expected Completion:** \_\_\_\_\_ (m/d/y)

**Graduation fee: Amount:** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_ **Date:** \_\_\_\_\_ (m/d/y)

I understand that it is my responsibility (1) to verify my degree, major/minor with my key advisor (2) to notify the Registrar's Office of any name changes. I understand that my degree will be held if I have any outstanding balances with the university.

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**OFFICIAL USE ONLY**

**Approved:** yes no

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

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

**Interim Provost**