



GALEN
UNIVERSITY

Office of the Registrar
▪ Tel: (501) 824 - 3226

Graduation Application Form

Check one box to indicate the expected semester of completion.

Fall _____ 4-digit year
 Spring _____ 4-digit year
 Summer _____ 4-digit year

Student Information

Carefully PRINT your name exactly the way you want it to appear on your diploma.

Note: Your First and Last name must match University Records. If you need to update your name, you must submit supporting documents (Social Security or Passport, marriage certificate, etc.) to verify name.

Full Legal Name: _____

First Name
Middle Name
Last Name

Current Address: _____

Number and Street
Town/ City
District
Country

Student ID No.: _____ Telephone: _____

Degree Information

Degree Level (check one): Bachelor Master

Major: _____

Minor (if applicable): _____

Concentration (if applicable): _____

Date of Enrolment: _____

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 (3) to reapply for graduation if I do not complete my degree or meet the graduation requirements at the end of the semester. I understand that my degree will be held if I have any outstanding balances with the University.

Student Signature Date

FOR OFFICIAL USE ONLY	
Finance Office	Registrar's Office
<i>Receipt No.:</i> _____	<i>Processed By:</i> _____
<i>Processed By:</i> _____	<i>Date:</i> _____
<i>Date:</i> _____	_____