



GALEN
UNIVERSITY

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

Graduation Application Form

Check one box to indicate the expected semester of completion.

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

(check one):

☐ Associate

☐ Bachelor

☐ Master

☐ Diploma

☐ Certificate

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 diploma will be held if I have any outstanding balances with the University.

Student Signature

Date

FOR OFFICIAL USE ONLY

Finance Office

Receipt No.:

Processed By:

Date:

Registrar's Office

Processed By:

Date:

FOR OFFICIAL USE ONLY	
Finance Office	Registrar's Office
Receipt No.:	Processed By:
Processed By:	Date:
Date:	