



Graduation Application

**Email the completed form along with proof of payment to

finance@galen.edu.bz and CC. records@galen.edu.bz, studentaffairs@galen.edu.bz

**Payments are to be made to our Galen University Limited Atlantic Bank Limited account # 100-166-491

For more information visit the following link: <https://www.galen.edu.bz/graduation>

Student Information:

Full Legal Name:

(As it appears on your Social Security Card) _____ Last Name _____ First Name _____ Middle _____

Student ID No.: _____ Telephone No.: _____

Address:

_____ Street Town/ _____ City District _____ / State Zip Country

Program Details:

Degree: _____

Major: _____

Minor or Concentration (if applicable): _____

Expected Semester of Completion: _____

Commencement Ceremony Information:

Attending the ceremony? _____ Yes / No

Desired Gown Size: _____ S / M / L _____ Other: _____

I acknowledge that it is my responsibility to:

- (1) Submit the graduation application in PDF format along with a copy of your valid Social Security Card.
- (2) Notify the Registrar's Office of any name changes and submit the required documentation for the change.
- (3) Reapply for graduation if I do not complete my degree or meet the graduation requirements by the end of the semester.
- (4) Pay the Graduation Fee, which is \$350 for undergraduates and \$400 for graduates.

I also understand that my diploma will be withheld if I have any outstanding balances with the University.

Student
Signature

Date

FOR OFFICIAL USE ONLY	
Finance Department	Records Department
Process By:	Process By:
Print Name:	Print Name:
Signature:	Signature:
Date:	Date: