



Galen University
Graduation Form

Please complete and return the completed form. (PLEASE PRINT)

First Name: _____
Middle Name: _____
Last Name: _____

Permanent Address: _____

Program: _____ (Associate, Bachelor, or Masters)

Major: _____

Minor: _____

Date of Enrolment: _____ (d/m/y)

Date of Completion: _____ (d/m/y)

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

OFFICIAL USE ONLY

Approved: yes no

Date: _____

Signature: _____
N. L. Adamson, Ph.D.
Provost and CEO