



# Annual Report Submission Confirmation

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## Galaxy Medical College

This is to confirm your Annual Report submission. If you have any questions, please reference the request number provided below communicating with the Bureau.

**Request #:** DCA-BPPE-Finalize-002673

**Institution Name:** Galaxy Medical College

**Institution Code:** 14732699

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If you have any questions please contact the BPPE Annual Report Unit by email at [bppe.annualreport@dca.ca.gov](mailto:bppe.annualreport@dca.ca.gov) or by phone at (916) 431-6959, press "6" when prompted.