Southeast Missouri State University
Request for Course Descriptions

- Mail completed form to:
  Southeast Missouri State University
  Registrar’s Office MS3760
  One University Plaza
  Cape Girardeau, MO 63701

  OR
  Fax completed form to:
  (573)651-5155

- Please allow a minimum of four days processing time.

Name: ________________________________

Student ID or Social Security Number: ________________________________

Phone Number: ________________________________

Course Number _______________   Course Number _______________
Course Title__________________   Course Title__________________
Semester & Year_______________   Semester & Year_______________

Course Number _______________   Course Number _______________
Course Title__________________   Course Title__________________
Semester & Year_______________   Semester & Year_______________
(If needing more than four, please put on back)

Course Descriptions to be:

Picked up ______
Mailed ______       Address: ________________________________
                                    ________________________________
                                    ________________________________
Fax ______       Fax Number: ________________________________
(Nota: there will be a $2 charge for faxing.)

Experience Southeast…Experience Success