## **Southeast Missouri State University**Office of the Registrar

## **Verification Request Form**

\*Please allow a minimum of 2 business days for processing your request

Southeast ID: S0 Phone:  Undergraduate Student Are you a Graduate Assistant?  Check One:  Will pick up  Mail to:  Email to:  Please specify what you would like verified.  Attach any additional paperwork to this form.  Full/Half time Enrollment for	Name	Date of Birth
Check One:  Will pick up	Southeast ID: S0	Phone:
Check One:  Will pick up  Mail to:  Email to:  Please specify what you would like verified. Attach any additional paperwork to this form.  Full/Half time Enrollment for / (semester: fall, spring, summer) (year)  Graduation Verification for / (students who have graduated) (semester: fall, spring, summer) (year)  Fill out attached form  Official Schedule for / (semester: fall, spring, summer) (year)  Other: Other:	Undergraduate Student	_
Will pick upMail to:	Graduate Student	Are you a Graduate Assistant?
	Check One:	
Email to:  Please specify what you would like verified.  Attach any additional paperwork to this form.  Full/Half time Enrollment for	Will pick up	
Email to:  Please specify what you would like verified.  Attach any additional paperwork to this form.  Full/Half time Enrollment for	Mail to:	
Attach any additional paperwork to this form.  Full/Half time Enrollment for/		
(semester: fall, spring, summer) (year)  Graduation Verification for / (students who have graduated) (semester: fall, spring, summer) (year)  Fill out attached form  Official Schedule for / (semester: fall, spring, summer) (year)  Other:	Attach any additional paper	work to this form.
Graduation Verification for	Pun/Han time Emoninem	
Official Schedule for/(semester: fall, spring, summer) /(year)  Other:	Graduation Verification for (students who have graduated)	or/
(semester: fall, spring, summer) (year)  Other:	Fill out attached form	
	Official Schedule for (seme	ester: fall, spring, summer) (year)
Include specific information, i.e. GPA, good standing, anticipated graduation date, total hour		
	Include specific information, i.e. GF	A, good standing, anticipated graduation date, total hours
nature Date		<b>D</b> . 4

Mail or email this Form to: Southeast Missouri State University Office of the Registrar One University Plaza, MS3760 Cape Girardeau, MO 63701 Office: 573-651-2250 registrar@semo.edu