



GRADUATION APPLICATION

Students must enroll in their final semester before submitting this application. All further communication and instructions about graduation will be sent to your **Southeast email account**. Please make sure to check this regularly or your graduation may be delayed to a later semester.

Name: _____ **Southeast ID: S0**_____

Graduation Semester: Fall 20_____ Spring 20_____ Summer 20_____*

*For Summer Graduates Only, Ceremony Participation: Spring ____ Fall ____ None ____

Degree(s): 1. _____ 2. _____

Major(s): 1. _____ 2. _____

Minor(s): 1. _____ 2. _____

Your name as you would like it to appear on your diploma (45 characters/spaces maximum):

Southeast Missouri State University
Registrar's Office MS 3760 ATTN: GRADUATION
One University Plaza
Cape Girardeau, MO 63701
Office (573) 651-2250
graduation@semo.edu