Southeast Missouri State University
Office of the Registrar

Verification Request Form

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

Name___________________________  Date of Birth ________________

Southeast ID: S0_______________ Phone:________________________

Undergraduate Student ______
Graduate 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 ___________ / _________
   (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: __________________________________________________
(Include specific information, i.e. GPA, good standing, anticipated graduation date, total hours, etc.)

Signature_____________________________________ Date___________

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