

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