



## GRADUATION APPLICATION

\*\*\*ENROLLMENT FOR YOUR FINAL SEMESTER **REQUIRED** BEFORE YOU APPLY\*\*\*

PLEASE TYPE OR PRINT CLEARLY

Name: \_\_\_\_\_  
Last First Middle

Southeast ID: S0 \_\_\_\_\_

Graduation Semester: Spring 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_ \* Fall 20 \_\_\_\_\_

\*COMMENCEMENT PARTICIPATION FOR **SUMMER GRADUATES ONLY**: Spring \_\_\_\_\_ Fall \_\_\_\_\_

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 max length\*\*):

\*\*If your name entered above exceeds 45 characters/spaces, it will be edited to fit when your diploma is printed. You may not use titles or surnames of which we have no record.

Southeast Missouri State University  
Registrar's Office MS 3760 ATTN: GRADUATION  
One University Plaza  
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Office (573) 651-2250