



## GRADUATION APPLICATION

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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):

  

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Southeast Missouri State University  
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One University Plaza  
Cape Girardeau, MO 63701  
Office (573) 651-2250  
graduation@semo.edu