



SOUTHEAST MISSOURI STATE UNIVERSITY
GRADUATE RETURNING STUDENT ADMISSION FORM

Name: _____ Social Security # _____

Semester/Year Returning: _____ Previous Names: _____

Previous attendance at Southeast: From _____ to _____ Date of degree, if any: _____

Date of Birth: _____ E-mail Address: _____

Permanent Address: _____ Telephone # _____

City: _____ State: _____ Zip: _____

Temporary Address: _____ Telephone # _____

City: _____ State: _____ Zip: _____

- Race/Ethnic Origin: American Indian or Alaskan Native __ Asian or Pacific Islander __ Black, Non-Hispanic __ Hispanic __ White, Non-Hispanic __
- Previous Civil or College Discipline-(Circle One) Code Number: (0) None (1) Convicted of felony (2) Convicted of misdemeanor (3) Involved in college disciplinary action. Codes 1, 2, and 3 must be fully detailed (date, location, actions, etc.) on back of application.

I certify that I have attended the following colleges or universities since my last enrollment at Southeast:

Name of School	_____	Dates of Attendance	_____
	_____		_____

Signature _____ Date _____

 I am applying as (check one): _____ Visiting Student _____ Degree Seeking Student _____ Non-Degree Seeking Student

DEGREE INFORMATION: INDICATE DEGREE/MAJOR DESIRED

(Note: If this is the first time applying as a Graduate degree-seeking student, you must complete the Degree-Seeking Application in lieu of this one.)

 NON-DEGREE: _____
 MASTER OF ARTS: Major _____
 MASTER OF BUSINESS ADMINISTRATION: Major _____
 MASTER OF MUSIC EDUCATION: _____
 MASTER OF NATURAL SCIENCE: Major _____
 MASTER OF PUBLIC ADMINISTRATION: Major _____
 MASTER OF SCIENCE: Major _____
 MASTER OF SCIENCE IN NURSING: _____
 SPECIALIST: Major _____
 DOCTORATE OF EDUCATION: _____

MAIL COMPLETED FORM TO: School of Graduate Studies
 Southeast Missouri State University
 One University Plaza
 Cape Girardeau, MO 63701

Or fax: (573) 651-2001