



Southeast Missouri State University Request for Course Descriptions

- **Mail completed form to:**
Southeast Missouri State University
Registrar's Office MS3760
One University Plaza
Cape Girardeau, MO 63701

OR

- **Fax completed form to:**
(573)651-5155

- **Please allow a minimum of four days processing time.**

Name: _____

Student ID or Social Security Number: _____

Phone Number: _____

Course Number _____
Course Title _____
Semester & Year _____

Course Number _____
Course Title _____
Semester & Year _____

Course Number _____
Course Title _____
Semester & Year _____

Course Number _____
Course Title _____
Semester & Year _____

(If needing more than four, please put on back)

Course Descriptions to be:

Picked up _____
Mailed _____

Address: _____

Fax _____ Fax Number: _____
(Note: there will be a \$2 charge for faxing.)