



SOUTHEAST MISSOURI
STATE UNIVERSITY · 1873

Term/Year: _____

RETURN THIS FORM

By mail to:
Student Financial Services
Southeast Missouri State University
One University Plaza, MS 3740
Cape Girardeau, MO 63701

On campus at:
Academic Hall – Rm 019

By fax to:
(573) 651-5006

By email to:
sfsagency@semo.edu

Billing Questions?
(573) 651-2253 or sfsagency@semo.edu

EARLY COLLEGE CREDIT / DUAL CREDIT SCHOOL BILLING REQUEST FORM

Today's Date: _____

School District: _____ Attn: _____

Billing Address: _____

Telephone: _____ Fax Number: _____ Email: _____

Fees: Please visit semo.edu/sfs/fee-schedule (Select "Special Tuition Rate" under the appropriate Academic Year)

Student's Name	SO#	What charges are covered? (Tuition, textbooks, course fees, electronic course access, web course fees, admission fees, etc.)	Number of CREDIT hours covered	Maximum Amount School will pay
Total:			\$	

Signature: _____ Date: _____