



SOUTHEAST MISSOURI
STATE UNIVERSITY · 1873

Request for Course Descriptions

Name: _____ **Date:** _____

ID# _____ **Phone:** _____

Course Number _____

Course Number _____

Course Title _____

Course Title _____

Semester & Year _____

Semester & Year _____

Course Number _____

Course Number _____

Course Title _____

Course Title _____

Semester & Year _____

Semester & Year _____

Check One:

_____ Will pick up

_____ Email to: _____

_____ Mail to: _____
