

# Visitor Pass Program

South Dakota School of Mines and Technology

Name \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_  
*Street City State Zip*

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of high school graduation (MM/YY) \_\_\_\_ / \_\_\_\_ If not a high school graduate, date of GED (MM/YY) \_\_\_\_ / \_\_\_\_

## Course(s) for which visitation is requested *(Limit of two per semester)*

<b>(1)</b>			
_____	_____	_____	_____
<i>Crse. Prefix</i>	<i>Number</i>	<i>Section</i>	<i>Title</i>
_____	_____	_____	_____
<i>Instructor</i>	<i>Day</i>	<i>Time</i>	<i>Location</i>
<b>(2)</b>			
_____	_____	_____	_____
<i>Crse. Prefix</i>	<i>Number</i>	<i>Section</i>	<i>Title</i>
_____	_____	_____	_____
<i>Instructor</i>	<i>Day</i>	<i>Time</i>	<i>Location</i>

I have reviewed the guidelines for the Visitor Program and I understand the limits that this program places on my participation in any class I am allowed to visit. I understand that visiting a class is a privilege and that to participate, instructor permission is required, space must be available, and my behavior must conform to the expectations established in the guidelines. I may return my visitor pass for a full refund within ten calendar days of the start of the semester. I acknowledge that the information provided on this form is accurate and I understand that my pass may be revoked if false information has been provided.

\_\_\_\_\_  
*Signature of Person Purchasing the Pass*

\_\_\_\_\_  
*Date*



### *For Registrar's Office Use Only*

Payment Received (\$100.00 per course) Semester \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ \$100.00 \_\_\_\_\_

\_\_\_\_ \$200.00 *Receipt No.* \_\_\_\_\_ *Registrar's Office Signature* \_\_\_\_\_

*Dept. #* \_\_\_\_\_ *4AES04* \_\_\_\_\_ *4ADM10* \_\_\_\_\_