

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)*

(1)			
_____	_____	_____	_____
<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>
(2)			
_____	_____	_____	_____
<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* _____