Visitor Pass Program

SCHOOL OF MINES & TECHNOLOGY

South Dakota School of Mines and Technology

Name				
Last	First	Λ	Middle	
Address				
Street	City	State	Zip	
Telephone ()	E-mail Addre	2ss		
Date of Birth				
Date of high school graduation (MM/	'YY) / If not a high sch	nool graduate, date of GE	ED (MM/YY)/	
Course(s) for w	hich visitation is requ	ested (Limit of two p	oer semester)	
(1)	Ι			
Crse. Prefix Number Section		Title		
Instructor	Day Tir	Ine	Location	
(2)	1			
Crse. Prefix Number Section		Title		
Instructor	llTin	 ne	Location	
I have reviewed the guidelines fo on my participation in any class I to participate, instructor permissi the expectations established in the calendar days of the start of the se accurate and I understand that m	am allowed to visit. I understa on is required, space must be a e guidelines. I may return my emester. I acknowledge that th	and that visiting a clas vailable, and my beha visitor pass for a full re e information provide	s is a privilege and tha vior must conform to efund within ten ed on this form is	
Signature of Person	Purchasing the Pass		Date	
OUTH DAKOTA				
	For Re	For Registrar's Office Use Only		
	Payment Received (\$100.00 per co		ster	
		Registrar's Office Signatur	e Date	

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