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)

_____|_____|_____|_____
Crse. Prefix *Number* *Section* *Title*

_____|_____|_____|_____
Instructor *Day* *Time* *Location*

(2)

_____|_____|_____|_____
Crse. Prefix *Number* *Section* *Title*

_____|_____|_____|_____
Instructor *Day* *Time* *Location*

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*

SOUTH DAKOTA
SCHOOL OF MINES & TECHNOLOGY

For Registrar's Office Use Only

Payment Received ($100.00 per course) Semester _____ $100.00 _____
$200.00 _____

_____ _____ _____
Receipt No. *Registrar's Office Signature* *Date*

Dept. Index# _____ *Amount:* _____

Index # 4AES04 Amount: _____ *Index #4ADM07 Amount:* _____