## SANTA FE CAMPUS

## STATEMENT OF POLICY FOR OVERNIGHT VISITS BY PROSPECTIVE STUDENTS

Please sign this Statement of Policy and the Permission/Waiver of Liability/Medical Release form as soon as possible and return both to the Admissions Office via email (visitsjc@sjc.edu) or in person.

\$ V D J X H V W R I 6 W - R K Q · V & R O O H J H L Q 6 D Q W D ) H 1 H Z 0 H [ L F R the same rules and regulations that govern the conduct of our students. Please read the following and sign your name to indicate that you read and understand the statements below.

- 9 I am aware WKDW DOWKRXJK 6W RKQ·V & ROOveringth, KDV DJUHHG \ neither the Admissions Office QRU DQ\ RWKHU RIILFH RU SHUVRQQHO RI will be supervising my stay on campus. Visiting students, like enrolled students, are responsible for their behavior.
- 9 I am aware that participants in the St. R K Q · V R Q-campus visitation program are required to abide by the rules and regulations of student conduct that govern students enrolled at the college. See the 6 W R K Q · V 6 W X G H Q W + D Q G E R R N I R
- 9 I acknowledge that New Mexico law prohibits the drinking of alcoholic beverages by persons under 21 years of age and punishes those who provide alcohol to anyone not of age.
- 9 I understand that 6 W R K Q · V y DeddraG state, and local laws concerning controlled substances and alcohol use. Visitors found violating these laws are subject to immediate removal from campus.
- 9 I understand that any inappropriate or illegal behavior on my part during my campus visit will be considered by the Admissions Office and may impact my status as an applicant or admitted student.

Student Signature	Printed Name	Date
Parent/Guardian Signature	Printed Name	 Date
(if student under 18 years old)		

**OVER** 

## SANTA FE CAMPUS

## PERMISSION , WAIVER OF L IABILITY & MEDICAL RELEASE FORM

unless this form is completed.)	You will not be allowed to stay overnight			
Student:				
Email:	<u>B</u> BBBBBBBBBBBBB <b>BBBBBBBBBBBBBB</b> BBBBBBBBB			
Please describe special dietary needs, medical proble	ems, allergies to medications:			
Parent/Guardian (or Emergency contact if 18 or older	r):			
Email:	Phone:	-		

, JLYH SHUPLVVLRQ IRU P\ PLQRU FKLOG ZDUG WR YLVLW DQG VWD\ RYHUQLJKW DW 6