

Alumni Campus Access Agreement

Please complete the Agreement below. Incomplete form will NOT be accepted.

Full Name:	DigiPen Email:
SIT Matric Number(if applicable):	Mobile:
Program: <input type="checkbox"/> BAGD <input type="checkbox"/> BFA <input type="checkbox"/> BSCS GD <input type="checkbox"/> BSCS RTIS <input type="checkbox"/> SEEMS <input type="checkbox"/> CE	
SIT or CEPAS EZ-Link Card Number(16 digit):	Detailed Reason For Request:
Room Required(Only tick one): <input type="checkbox"/> Pascal <input type="checkbox"/> McCay (Please note you cannot use the room if there is class taking place. Career and Alumni Services will need at least 2 weeks to process your application)	
Semester Required(Only tick one): <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall (Duration of your campus access will coincide with the start and end date of the particular semester)	
Extension of DigiPen User Account? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please note if choose 'Yes', your DigiPen User Account will receive same extension as your campus access)	

I hereby request to access the premises of DigiPen Institute of Technology Singapore (“the Institute”) after the completion of my degree program. I understand and agree to abide to all rules and regulations of the Institute and observe the student network usage policy listed in the Student Enrollment Agreement. Furthermore, I acknowledge that it is strictly forbidden to use any equipment in the Institute’s premises to produce any commercial work and the equipment is only to be used for my training and preparation of personal portfolio. I also understand and agree that the Institute has the right to terminate my access, at any time by notice in writing. The Institute also reserves the right to restrict my access if the Institute in its sole discretion determines that I have violated any of the terms within the above-mentioned statement or that it is in the best interest of the Institution’s students, visitors and/or employees.

I understand that I am prohibited from granting any person other than myself access to the Institute, regardless of whether the person claims, or is known to be, a DigiPen Institute of Technology Singapore student or employee. I may not loan, give, or permit use of, my access badge to any person. Violation of this rule could result in a serious breach of the Institute’s security; to the fullest extent permitted by law, I hereby assume responsibility for any related harm or injury.

Signature	Application Date
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Please scan and email your complete form to careerservices.sg@digipen.edu

For Internal Use Only

Received Date:
Career & Alumni Services Dept:
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No