

MAXIMIZING ACADEMIC GROWTH IN COLLEGE (MAGIC)

PARTICIPANT APPLICATION FORM SUMMER 2019

Maximizing Academic Growth In College or **MAGIC** is a summer transition program for incoming MSU freshmen. This one-week program is coordinated by the [Office of Cultural & Academic Transitions \(OCAT\)](#) and is offered twice in the summer during July. Students will be introduced to campus resources, network with MSU faculty / staff, meet life-long friends ALL before the first day of school! When students return to campus (about a month later), they are ready and prepared for the academic rigors of college life. The MAGIC program aims to prepare incoming students with the MAGIC confidence needed to succeed in college!

NOTICE: The following additional documents/items must be attached to this application:

1. Completed Health Insurance Form (page 2)
2. \$75 Check for the Participation Fee (non-refundable)

Applications completed online and emailed to us at ocat@msu.edu will be accepted but are not considered complete until we receive the \$75 payment. A confirmation email will be sent to all applicants once we receive payment.

ACADEMIC ORIENTATION PROGRAM (AOP) REQUIREMENT

IMPORTANT! In order to participate in MAGIC, incoming MSU freshmen must have completed Michigan State University's [AOP \(Academic Orientation Program\)](#) before their MAGIC week. No exceptions. Contact the AOP Office **(517) 355-8490** and let them know you are applying and plan on attending MAGIC. They will work to adjust your AOP time.

I AM INTERESTED IN ATTENDING THIS WEEK OF MAGIC (Choose one):

☐ July 14-19, 2019 (Week One)

☐ July 21-26, 2019 (Week Two)

NOTE: You MUST be available to participate the entire week of MAGIC without interruption—NO EXCEPTIONS!!!

MY AOP
DATE IS:

PART I – APPLICANT INFORMATION

LAST NAME:	FIRST:	M.I.:
ADDRESS:		
CITY:	STATE:	ZIP:
CELL PHONE:	MSU PERSONAL IDENTIFICATION (PID#):	
EMAIL	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACIAL IDENTIFICATION (Please check all that apply): <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian American/Pacific Islander/Asian <input type="checkbox"/> Chicano/Latino <input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Other, please specify:		
T-SHIRT SIZE: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XLarge <input type="checkbox"/> XXLlarge		ARE YOU A SPARTAN SUCCESS SCHOLAR?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

PART II – PARENT INFORMATION

NAME OF PARENT/GUARDIAN:	
CELL PHONE:	EMAIL

Please return completed application, Health Insurance Form, and a non-refundable \$75 check or money order (no cash) for the participation fee to:

Office of Cultural & Academic Transitions: MAGIC Program
Michigan State University
556 East Circle Dr., Room 339
East Lansing, MI 48824

Ph. (517) 353-7745 • Fax (517) 432-1495 • Email: ocat@msu.edu • Website: www.ocat.msu.edu
Accommodations for persons with disabilities are available upon request.

MAXIMIZING ACADEMIC GROWTH IN COLLEGE (MAGIC)**HEALTH INSURANCE FORM SUMMER 2019**

Authorization for purposes of providing medical treatment

PARTICIPANT INFORMATION

LAST NAME:		FIRST:		M.I.:
BIRTH DATE:	ADDRESS:			
CITY:		STATE:	ZIP:	
CELL PHONE:		MSU PERSONAL IDENTIFICATION (PID#):		

PHYSICIAN INFORMATION

NAME OF PERSONAL PHYSICIAN:	PHONE NUMBER:
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HEALTH INFORMATION

Do you have any chronic problems or illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Do you have any allergies to any medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Do you have any allergies to any foods? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
Have you recently been treated for illness or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
List any medications you are presently taking:	

****Please make sure all students bring a COPY of insurance card with them to MAGIC******INSURANCE INFORMATION**

Policyholder's Name	Relationship to Participant:
Policyholder's Address:	
Policy Number(s) (If covered under more than one policy, please list all policy numbers):	
Name of Insurance Company:	Address of Insurance Company:

I, _____, residing at _____ (Name of Parent or Legal Guardian) (Your Full Address)	
_____ do hereby authorize the staff of the Office of Cultural & Academic Transitions at Michigan State University to seek any medical treatment for _____. (Participant's Name)	
The above designated person is hereby authorized to incur medical costs necessary to provide medical treatment for said child, for which I shall be fully responsible. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.	
Signature: _____ Date: _____	
Relationship to Participant: _____ Emergency Contact#: _____	