

MAXIMIZING ACADEMIC GROWTH IN COLLEGE (MAGIC) PARTICIPANT APPLICATION FORM SUMMER 2020

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. \$50 Check for the Participation Fee (non-refundable)
- *Late registration is \$75 between May 30-June 29, 2020**

Applications completed online and emailed to us at ocat@msu.edu will be accepted but are not considered complete until we receive the \$50 payment. A confirmation email will be sent to all applicants once we receive payment.

*By registering and attending the MAGIC 2020 summer program you are consenting to be in photographs and possibly video for promotional purposes.

NEW STUDENT ORIENTATION (NSO) REQUIREMENT

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

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

- ☐ July 12-17, 2020 (Week One)
- ☐ July 19-24, 2020 (Week Two)

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

MY NSO DATE IS:

PART I – APPLICANT INFORMATION

LAST NAME:	FIRST:	M.I.:
ADDRESS:		
CITY:	STATE:	ZIP:
CELL PHONE:	PERSONAL EMAIL:	
MSU NetID (Your MSU NetID is your personal MSU identifier and determines your MSU email address which is netid@msu.edu .)		
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/Latinx <input type="checkbox"/> American Indian/Indigenous <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Other, please specify:		
GENDER (Check all that apply) <input type="checkbox"/> Woman <input type="checkbox"/> Man <input type="checkbox"/> Cisgender <input type="checkbox"/> Transgender <input type="checkbox"/> Non Binary <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to answer		
T-SHIRT SIZE: <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XLarge <input type="checkbox"/> XXLLarge		

MAXIMIZING ACADEMIC GROWTH IN COLLEGE (MAGIC)**HEALTH INSURANCE FORM SUMMER 2020**

Authorization for purposes of providing medical treatment

PART II – PARENT/GUARDIAN INFORMATION

NAME OF PARENT/GUARDIAN:

CELL PHONE:

EMAIL:

PHYSICIAN INFORMATIONNAME OF PERSONAL
PHYSICIAN:PHONE
NUMBER:**HEALTH INFORMATION**Do you have any chronic
problems or illness?☐ Yes ☐ No

If yes, please explain:

Do you have any allergies
to any medications?☐ Yes ☐ No

If yes, please explain:

Do you have any allergies
to any foods:☐ Yes ☐ No

If yes, please explain:

Have you recently been
treated for illness or injury?☐ Yes ☐ 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:**PARENT/GUARDIAN SIGNATURE**

By signing here, I authorize the staff of the Office of Cultural & Academic Transitions at Michigan State University to seek any medical treatment for my child. I am responsible for any medical costs associated with the treatment. I authorize the medical facility to release any and all information required to complete insurance claims and also authorize payment directly to the medical facility.

Signature: _____ Date: _____

Relationship to Participant: _____ Emergency Contact#: _____

**Please return completed application, Health Insurance Form, and a
non-refundable \$50 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