New Majors! New Format! Same Great Experience

February 12 | February 26 | March 25 | April 1

*Registration closes 2 weeks prior to desired event date

What are EXCITE Shadow Days?

The mission of EXCITE Shadow Days is to increase girls’ interest in science, technology, engineering and mathematics (STEM) fields. Open to all high school students (grades 9-12), EXCITE Shadow Days provide a unique “day in the life” experience! Participants are paired with a current K-State undergraduate majoring in a field of shared interest. Together, they attend class, tour campus, share lunch, and talk about what its like to be in college.

What’s New This Year?

New Majors: The College of Architecture, Planning and Design is now considered STEM! See registration form for all College of Architecture, Planning and Design majors offered.

New Format: You asked, and we listened! EXCITE Shadow Days will now start at 8:45 am—so that students can learn about enrollment processes, and opportunities offered by STEM colleges here on campus. That means from 8:45-9:15 AM, students will meet with New Student Services and College representatives to learn more about how K-State supports its students. The rest of the day will be spent one-on-one with your K-State Student Ambassador.


What if I’m not available on the day the College I’m interested in is being featured?

That’s okay! You can sign up for any day of your choosing, and you’ll still be paired with a student who shares similar interests as you.

How do I sign up, and what’s included in registration?

Mail in registration and consent forms and payment at least 2 weeks prior to your desired event date. Your registration includes lunch, a drawstring bag, and a pencil. You’ll receive a confirmation email when we receive your registration packet. We are unable to offer refunds, except to waitlisted students who we cannot accommodate.

I have more questions!

Visit www.k-state.edu/kawse for more information. You can also email kawse@ksu.edu or call 785-532-6088.
### Spring 2020 Shadow Days

**REGISTRATION FORM**

Registration Deadline: 2 weeks prior to selected event

<table>
<thead>
<tr>
<th>Student First &amp; Last Name</th>
<th>Student Birthday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address, City, and State</td>
<td>Student Cell Phone Number (Optional)</td>
</tr>
<tr>
<td>Current School &amp; Grade</td>
<td>Anticipated High School Graduation Year</td>
</tr>
<tr>
<td>Student Ethnicity</td>
<td>For participants with disabilities or dietary considerations—please indicate any special requirements and/or assistance needed:</td>
</tr>
<tr>
<td>American Indian</td>
<td>Hispanic</td>
</tr>
<tr>
<td>Asian</td>
<td>Mexican American</td>
</tr>
<tr>
<td>Black</td>
<td>Multiracial</td>
</tr>
<tr>
<td>Hawaiian Pacific Islander</td>
<td>White</td>
</tr>
<tr>
<td>Prefer not to answer</td>
<td></td>
</tr>
<tr>
<td>Will the student be attending with a group?</td>
<td>Group Leader / Teacher Email Address*</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Group Leader / Teacher Name</td>
<td>Group Leader / Teacher Day-of Phone Number</td>
</tr>
<tr>
<td>Parent /Guardian Name</td>
<td>Parent /Guardian Email Address*</td>
</tr>
<tr>
<td>Parent /Guardian Home Address (if different than above)</td>
<td>Parent /Guardian Primary Phone Number</td>
</tr>
<tr>
<td>Please tell us how you heard about this event</td>
<td>Parent /Guardian Secondary Phone Number</td>
</tr>
</tbody>
</table>

**Registration Fee:** $30.00

**Registration Deadline:**
2 weeks prior to selected event date

**Send form & payment to:**
EXCITE! Program
Kansas State University
1011 Seaton Hall
Manhattan, KS 66506-2905

Please make checks payable to K-State

*Confirmation and Event information will be sent to the Parent /Guardian & Group Leader email address(s) provided.

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Kansas State University is committed to making program activities accessible to all participants. If you have special requirements due to disabilities or dietary restrictions, indicate your needs on the application form or contact the Division of Continuing Education Registrar at (785) 532-5566 at least three weeks before the start of the program. After this date, we will make every effort to provide assistance, but cannot guarantee that requested services will be available.

Notice of Nondiscrimination: Kansas State University is committed to nondiscrimination on the basis of race, color, ethnic or national origin, sex, sexual orientation, gender identity, religion, age, ancestry, disability, military status, veteran status, or other non-merit reasons, in admissions, educational programs or activities and employment, including employment of disabled veterans and veterans of the Vietnam Era, as required by applicable laws and regulations. Responsibility for coordination of compliance efforts and receipt of inquiries concerning Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans With Disabilities Act of 1990, has been delegated to the Director of Affirmative Action, Kansas State University, 214 Anderson Hall, Manhattan, KS 66506-0124, (Phone) 785-532-6220; (TTY) 785-532-4807.
Student Name:_________________________

Date of Visit (Please Circle):

Feb. 12    Feb. 26     March 25     April 1

What are you interested in studying?

Please number the top three STEM majors that you are interested in from the list below. Put a 1, 2, or 3 next to your first, second, and third choice. We’ll do our best to pair you with a host who has similar interests!

**AGRICULTURE**
- Agribusiness
- Agricultural communications and journalism
- Agricultural economics
- Agronomy
- Animal sciences and industry
- Bakery science and management
- Feed science and management
- Food science and industry
- General agriculture (undeclared)
- Horticulture
- Milling science and management
- Park management and conservation
- Pre-veterinary medicine
- Wildlife and outdoor enterprise management

**NEW! ARCHITECTURE, PLANNING & DESIGN**
- Architecture
- Interior Architecture & Product Design
- Landscape Architecture
- Regional & Community Planning

**ARTS AND SCIENCES**
- Anthropology
- Biochemistry
- Biology
- Chemistry
- Communication Studies
- Economics
- Geography
- Geology
- Health Professions / Pre-Med
- Life Science
- Mathematics
- Physical science
- Physics
- Political Science
- Psychology
- Social Science
- Sociology
- Statistics & Data Science

**ENGINEERING**
- Architectural engineering
- Biological systems engineering
- Biomedical engineering
- Chemical engineering
- Civil engineering
- Computer engineering
- Computer science
- Construction science and management
- Electrical engineering
- Industrial engineering
- Information systems
- Mechanical engineering

**HEALTH & HUMAN SCIENCES**
- Apparel and textiles
- Dietetics
- Human Development & family science
- Human nutrition
- Kinesiology
- Personal Financial Planning

Explore the comprehensive list of K-State majors online at [http://www.k-state.edu/admissions/academics](http://www.k-state.edu/admissions/academics).
Spring 2020 Shadow Days

MEDICAL TREATMENT AND TRANSPORTATION CONSENT FORM

Name of Participant: ____________________________________________________________

Birthdate: ___________________ Age: ______________ Expected High School Graduation Year: __________________

Address: _________________________________________________________________________________________

_________________________________________________________________________________________

Street Address

City

State

Zip code

County

Parent or Guardian Name: __________________________________________________________________________

Parent/Guardian Address (if different than above): ______________________________________________________

Home Phone: _______________________________ Work Phone: _______________________________

Insurance Company: __________________________ Policy No.: _______________________________

Name of Insured: _____________________________ Relationship to Child: ___________________________

Family Physician’s Name: ___________________ Phone: _______________________________

Address: _________________________________________________________________________________________

Date of last tetanus immunization or booster shot: ________________________________________________

State Medical Condition(s) for which your child is being treated at the present time:

________________________________________________________________________________________________

List all medications your child is currently taking: ____________________________________________________

List all medications your child is allergic to: ___________________________________________________________

List any restrictions of physical activity: __________________________________________________________________________

________________________  __________________________  __________________________  __________________________  __________________________
Initial Here  Initial Here  Initial Here  Initial Here  Initial Here

I, the undersigned parent or guardian, do hereby grant permission for my child to receive necessary medical treatment in the event of an injury or illness while attending the EXCITE event sponsored by Kansas State University. I accept the responsibility for the full payment of such medical treatment. I hereby hold Kansas State University and its representatives harmless in the exercise of the authority.

I further grant permission for my child to participate in all activities related to the event, including any transportation provided or other activities.

I am aware that I will be required to pick my child up from the event in the event she is dismissed early because of violation of event rules.

I understand that Kansas State University assumes no liability for injury or damages arising from the result of participation unless due to willful fault or gross negligence on the part of the university. I give my permission to allow EXCITE to use photographs taken of my child during the workshop in promotional materials (including the EXCITE website, social media, presentations, brochures, etc).

I give my permission to allow EXCITE to share my child’s contact information with other programs on the K-State campus that offer a variety of opportunities for students.

I hereby give my permission for my child to participate in all evaluation activities conducted in conjunction with the EXCITE program. I understand that my child will be asked to complete surveys after the workshop. These surveys explore my child’s interest in and attitude towards science. A number will be assigned to those surveys to enable the evaluators to compare my child’s responses before and after the workshop, so that my child’s name will not be used in any evaluation reports developed from the information gathered. The information is being gathered for the purpose of making future workshops more effective and in understanding what kinds of interventions assist students in exploring careers in science. I understand that my child is not required to participate in these evaluation activities as a condition of being accepted to participate in the workshop and that I may withdraw my permission at any time.

________________________  __________________________
Signature of Parent or Guardian  Date