What: MSEIP is a science, technology, engineering, and mathematics-based, academic enrichment program. It emphasizes the development of abstract reasoning and problem solving skills. MSEIP helps students prepare for careers in the fields of mathematics, science, technology and engineering. The program includes course work, team projects, class presentations, examinations, career awareness speakers, and special events. MSEIP is presented over the course of three semesters.

Who: MSEIP expects to enroll 20 high school seniors and 10 high school juniors from Laredo for 2008–2009 school year. Students are eligible if they have declared their interest and potential for careers in, science, technology, engineering, or mathematics (STEM) and meet the criteria requirements. Minority students and females are especially encouraged to apply. Students with disabilities are welcomed.

When: October 2008 to May 2009

Where: Texas A&M International University Campus

Cost: Classes are tuition free.

PLEASE NOTE THAT: Participants must provide for their own transportation and noon meal.

Requirements: Grades 11th & 12th

- Must be a science, technology, engineering or mathematics declared major.
- Must have tested in at least one of the following: SAT, ACT, or THEA.
- Parental permission
- 85 average in mathematics, science, and English (80 or better if honors or advanced placement)
- Must be in good standing in all courses
- Satisfactory conduct grades
- Must meet TAMIU entrance requirements.
- Course requirements:
  - Algebra II
  - Geometry
  - Chemistry
  - Biology
DIRECTIONS

- Print clearly in black or blue ink. Do not use a pencil.
- Be sure to answer all questions.
- Remember your parent/guardian’s signature.

Mail your complete application to: Texas A&M International University
Attn: Dr. Julio F. Madrigal-m.s.e.i.p. 08-09
Office of Special Programs
5201 University Blvd. SC 118
Laredo, Texas 78041-1900

PERSONAL INFORMATION

Legal Name: Last________________________________ First______________________  Middle Initial_________

Social Security Number _______________________________ Gender: ___ Male ___ Female  Date of Birth ___/___/___

Ethnicity: _____American Indian    _____Anglo     _____African American
____Hispanic    _____Asian    _____Other:_________

Address __________________________________________ P.O. Box_________

City _____________________________________ State_______________________ ___ Zip_________________

Home Phone (_____) _______________________ E-mail ___________________________ ____________________

Do you have a parent (biological or adoptive that has completed their bachelor’s degree?  (  ) Yes     (   ) No

CURRENT SCHOOL INFORMATION

2008-2009 Grade Level (Current Grade)  _____11    _____12

Full Name of School _______________________________ School Code*___________

Public School District You Live In ________________________________

Concurrent/Dual Enrollment: Yes / No    Last Semester Enrolled: ___________________________

Name of College/University: ___________________________________________

Intended Major of Study: _______________________________ Hours Earned:_______  GPA:_______

Which have you attempted SAT, ACT, or THEA: __________________________ Date Last Tested: ________________

SAT Score: ________  ACT Score: ________  THEA: ________

Courses taken: __________________________________________

FOR OFFICE USE ONLY

INIT. ________  [C] OR [I]  ( ) SAT ( ) ACT ( ) THEA  DATE [T]: ___/___/___  AHR:__________  EHR:_________

GPA:_______  SAT _ _ _ _ / _ _ _ _  ACT _ _ _ _ / _ _ _ _  THEA _ _ / _ _

Last Enrollment Term: ___________ Major:__________

Essay:_______  Accepted: Yes / No / Con

Eligible Course: ____________________________ ID#: ___________

Applicants are accepted regardless of race, color national origin, religion, gender, or disability.
List the activities or special things have you done in science, technology, engineering, or mathematics? (For example: honors, gifted or advanced placement classes, science fairs, clubs or competitions, etc.)

SCHOOL HISTORY

Mathematics: Please check below the subjects you have already taken. (Ask your math teacher, if unsure.)

- Pre-Algebra
- Algebra I
- Algebra II
- Pre-Calculus
- Calculus
- Numerical Analysis
- Geometry
- Informal Geometry
- Analytic Geometry
- Other: ________________________________

Computer Science: Please check below the subjects you have already taken. (Ask your computer science teacher, if unsure.)

- Basic
- Visual Basic
- Fortran
- Pascal
- Turbo Pascal
- Cobol
- C
- C++
- Java Script
- Other: ________________________________

Science: Please check below the subjects you have already taken.

- Chemistry
- Biology
- Physics
- Other courses not specified above:
  ____________________________________________________
  ____________________________________________________
  ____________________________________________________
Name: ______________________________ SSN: ____________________________

DIRECTIONS: Please print carefully in ink or type. Use additional paper, if necessary. Answer with 200 - 350 word essay.

How will the MSEIP contribute to your STEM career educational goals?

Signature ___________________________ Date ____________________________
Name: ___________________________ SSN: ___________________________

PARENT OR GUARDIAN INFORMATION

Father's Name ___________________________________________ Highest Grade or Degree ______
Home Phone (_____) _______________________ Work Phone (____) _______________________ Extension ______
Pager (____) ___________________________ E-mail Address ____________________________
If divorced, does child reside with you?  ____Yes  ____No  ____N/A  Legal Custody:  ____Yes  ____No

Mother's Name ___________________________________________ Highest Grade or Degree ______
Home Phone (____) _______________________ Work Phone (____) _______________________ Extension ______
Pager (____) ___________________________ E-mail Address ____________________________
If divorced, does child reside with you?  ____Yes  ____No  ____N/A  Legal Custody:  ____Yes  ____No

EMERGENCY CONTACT INFORMATION

Name ___________________________________________ Relationship __________________________
Home Phone (____) _______________________ Work Phone (____) _______________________ Extension ______

PARENT/GUARDIAN'S PERMISSION

Please check to show your agreement:

I the parent/guardian of the student named above:

________ I understand that MSEIP is a rigorous and demanding program that requires the ability and motivation to complete complex class work and homework above and beyond standard school instruction.

________ I give my permission for my child to attend MSEIP.

________ I understand that my child must attend MSEIP every other Saturday from October 2008 to May 2009, except observed university holidays. I also understand that she/he will have homework and must have or provide access to a computer with internet capabilities.

________ I understand that there is a maximum of TWO excused absences, for illness and bereavement only.

________ I understand that my child must strictly follow all MSEIP and host institution rules.

________ I understand that MSEIP has a zero tolerance policy on a child's noncompliance with all MSEIP, and or host institution's rules and policies. In the event of a rule/policy violation, the site director may dismiss the child from the program. Some examples of rule violations include: cheating, plagiarism, cutting class, leaving campus without permission, damaging property, physical violence, setting off fire alarms, or repeated patterns of less serious violations.

________ I understand that I am responsible for my child's transportation and meal arrangements.

Parent/Guardian Signature ___________________________ Date __________________________

Student's Signature ___________________________ Date __________________________

Texas A&M International University
EMERGENCY INFORMATION
Persons to notify in case of emergency:

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<thead>
<tr>
<th>Name</th>
<th>(Home Phone)</th>
<th>(Work Phone)</th>
<th>(Cell/Pager)</th>
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<tr>
<th>Name of primary physician to be contacted should need arise</th>
<th>(Phone)</th>
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<table>
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<tr>
<th>Name of alternate physician to be contacted should need arise</th>
<th>(Phone)</th>
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(Please state any underlying medical condition or chronic illness that may be relevant during an emergency)

(Please indicate the names of any medications to which the participant is allergic)

(Please indicate any other allergic reactions participant may have. Ex: Peanuts, bees, ants, etc.)

I give permission for the participant to:

a. Receive emergency assistance as deemed necessary by TAMIU  
b. Receive over the counter medications available to TAMIU students (ex: Tylenol, Benadryl)  
c. Be transported to nearest medical facility if deemed necessary by TAMIU.

(Participant Signature if 18 years of age or older)       (Date)

(Parent or Legal Guardian’s Signature)      (Date)

(SPECIAL NEEDS OR DISABILITY)

To help us better assist our students and ensure their academic success this summer, please complete the following: Does the student have any special needs or disability? (Please indicate and provide specifics.)

(   ) No disability  (   ) Hearing impaired  (   ) Speech Impaired  
(   ) Visually impaired/blind  (   ) Mobility impaired  (   ) Health impaired  
(   ) Learning disability

(   ) Other disability or special need: ______________________________________________________________________________

Specifics: ___________________________________________________________________________________________________

What special and/or instructional accommodations are you requesting MSEIP to make for this student?

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

Note: Any changes/additions/deletions regarding the MSEIP Program should be made by contacting the TAMIU Office of Special Programs, Julissa Garza at 956-326-2702 or via e-mail at jgarza@tamiu.edu.

Student Health Services is located in the Student Center 125B, phone 326-2235 or 326-2412. If the participant is ill and needs to be picked up, please enter the west Student Center parking lot and PARK RIGHT IN FRONT OF THE STUDENT HEALTH SERVICES OFFICES.
Texas A&M International University

Request for Change of Degree Plan Information
Concurrent Program

Name _______________________________ CWID#_____________________________

Daytime Phone#________________________ E-mail _____________________________

Please change my degree information as follows:

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<thead>
<tr>
<th>FROM (Present)</th>
<th>TO (Proposed)</th>
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<tbody>
<tr>
<td>DEGREE</td>
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<tr>
<td>MAJOR(S)</td>
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<td>MINOR(S)</td>
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<td>CATALOG YEAR</td>
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<td>TEACHER CERTIFICATION</td>
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<td>CERTIFICATION</td>
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<td>LEVEL (if applicable)</td>
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It is important that all applicable blocks be completed. Please inquire if you need assistance.

For admission to a teacher education program, you must have completed all requirements as specified in the current catalog. Please see an advisor in the College of education for further information.

Please remember that the catalog year selected is valid for five years and that you must have been enrolled during that period. (For example, catalog year 1999 expires in Summer II, 2004.) Special non-degree students will be places in catalog in effect at the time of request.

If you are changing from undergraduate to graduate status, you must complete an Application for Graduate Admission for the University and an Application for Admission to the appropriate college. Enrollment in graduate studies requires acceptance by respective college and determination whether stem work/ prerequisites have been completed for the major and minor, if applicable.

Student Signature______________________________________________ Date__________________

For Office Use Only: Add Holds on Screen 148 for UWA ______; Test Holds for ED _____ Stemwork ______; Etc. Updated Degree Hours on Screen 111 to ________________

Changes made by______________________________ Date__________________