TRIO Talent Search
Campus Visits 2019-2020

Free to TRIO Talent Search students. Seats are limited.

INSTRUCTIONS:

1. Submit Permission and Consent to Treat Form:
   Fully complete the attached permission/consent to treat forms provided. Obtain your guardian's signature and submit the forms to your Talent Search counselor before the deadline. Expect an e-mail/text message from Mani Souriya via Remind™ to reserve your seat.

2. You and your parent/guardian are responsible for notifying your school of the campus visit to avoid an unexcused absence.

3. To reserve your seat: Ms. Mani will send an invitation via email/tex. Respond to the e-mail/text sent by Ms. Mani by typing “please reserve my seat.” Seats are limited and reserved in the order confirmations are received.
   😊 If you decide not to attend the campus visit, contact us ASAP!
   😊 Please be considerate. Don't confirm, then not show up and leave a vacant spot that others could have filled.

4. Arrive on time and meet us at Wichita State University, Brennan Hall I, 1749 N. Yale (1st building, corner of 17th and Yale). Enter through the west door. Go to the 2nd floor to sign in.

5. Be Respectful, Polite, Courteous, and Active: Dress appropriately for the weather and wear good walking shoes. School dress codes apply on visits. Smoking and profanity are NOT allowed at any time. Do NOT use cell phones at any time during the tours! Failure to abide by established rules will result in removal from future visits.

**ONLY SELECT 1-4 CAMPUS VISITS**

Mark the following campus visit(s). Keep this copy for your records.

<table>
<thead>
<tr>
<th>Date</th>
<th>Campus Visit</th>
<th>Departure Time</th>
<th>~ Return Time</th>
<th>Reservation Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thursday, October 17, 2019</td>
<td>Emporia State University</td>
<td>8:30am</td>
<td>2:30pm</td>
<td>October 10, 2019</td>
</tr>
<tr>
<td>Thursday, October 24, 2019</td>
<td>WSU Tech (NCAT &amp; South)</td>
<td>9:30am</td>
<td>2:30pm</td>
<td>October 17, 2019</td>
</tr>
<tr>
<td>Thursday, November 7, 2019</td>
<td>Kansas State University</td>
<td>7:30am</td>
<td>4:30pm</td>
<td>October 31, 2019</td>
</tr>
<tr>
<td>Wednesday, November 20, 2019</td>
<td>University of Kansas</td>
<td>6:30am</td>
<td>5:30pm</td>
<td>November 13, 2019</td>
</tr>
<tr>
<td>Thursday, December 5, 2019</td>
<td>Pittsburg State University</td>
<td>6:30am</td>
<td>4:00pm</td>
<td>November 28, 2019</td>
</tr>
<tr>
<td>Thursday, January 9, 2020</td>
<td>Cowley College</td>
<td>8:30am</td>
<td>2:30pm</td>
<td>January 2, 2020</td>
</tr>
<tr>
<td>Tuesday, January 21, 2020</td>
<td>Wichita State University</td>
<td>9:15am</td>
<td>1:00pm</td>
<td>January 14, 2020</td>
</tr>
<tr>
<td>Thursday, February 13, 2020</td>
<td>Butler CCC (Eldorado &amp; Andover)</td>
<td>9:00am</td>
<td>1:45pm</td>
<td>February 6, 2020</td>
</tr>
<tr>
<td>Thursday, February 27, 2020</td>
<td>Baker University</td>
<td>6:30am</td>
<td>3:00pm</td>
<td>February 20, 2020</td>
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NOTE: Campus Visits are subject to change

For additional information please contact Mani Souriya at 316-978-6757/manivone.souriya@wichita.edu

Notice of Nondiscrimination
Wichita State University does not discriminate in its employment practices, educational programs or activities on the basis of age (40 years or older), ancestry, color, disability, gender, gender expression, gender identity, genetic information, marital status, national origin, political affiliation, pregnancy, race, religion, sex, sexual orientation, or status as a veteran. Retaliation against an individual filing or cooperating in a complaint process is also prohibited. Sexual misconduct, relationship violence and stalking are forms of sex discrimination and are prohibited under Title IX of the Education Amendments Act of 1972. Complaints or concerns related to alleged discrimination may be directed to the Director of Equal Opportunity or the Title IX Coordinator, Wichita State University, 1845 Fairmount, Wichita, KS 67260, telephone 316-978-3187.

TRIO Talent Search is 100% funded by the United States Department of Education and is hosted by WSU. Funds for 2019-2020 are $624,429.

Revised on 08/21/2019

Page 1 of 3
TRIO Talent Search
Campus Visits 2019-2020
Consent/Permission Form

Please print clearly for accuracy

Student Name: ___________________________ Grade: _______ School: ___________________________

Home Phone Number: ________________ Cell Phone Number: ________________

Student E-mail: ___________________________ Career Interest: ___________________________

Student Signature: ___________________________ Date: ________________

I agree to abide by the rules and guidelines established by TRIO Talent Search for the campus visit(s) indicated below.

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Consent:
I acknowledge that I have received an itinerary for the trip and I am thereby informed that participation by my child/ward will involve intrastate travel by bus or van and participation in a number of activities (walking/touring) while on scheduled visit. In consideration of and to permit my child/ward’s participation on this trip, as outlined in the itinerary, I hereby acknowledge that I have been fully informed as to the nature of the trip and I hereby acknowledge and accept the risk of injury or accident that may result from or during my child/ward’s participation on the trip. Further, and of my own free consent and volition, and in consideration of my child/ward being permitted to participate in the WSU activity, I hereby agree to indemnify and hold harmless WSU, its administrators and employees, and to waive claims for any and all injuries, causes of action, losses or damages that I or my child/ward may sustain while a participant on the trip. I also understand that my child/ward will be sent home for unreasonable or inappropriate behavior and I will be responsible for the costs of returning my child/ward to Wichita. I represent that my agreement to the provisions herein is wholly voluntary and further understand that, prior to signing this agreement; I have the option to consult with the advisor, counselor, or attorney of my choice. It also understand it is my responsibility to notify my child’s respective schools of his/her campus visit participation in order to prevent my child from being counted absent.

Parent/Guardian Signature: ___________________________ Date: ________________

(Required for student less than 18 years of age)

Emergency Contact Name: ___________________________ Emergency Contact Number: ___________________________
If hospital treatment is necessary, we will immediately contact the individuals listed on Insurance and Emergency Information below.

No MEDICAL/HOSPITALIZATION INSURANCE is carried through this program. Parents/Guardians will be billed for any and all medical expenses incurred by their child/ward during TRIO Talent Search Visits, including but not limited to emergency room costs, physician’s fees, X-rays, medication, pharmaceuticals, dentistry, orthodontics, optometry and related expenses.

It is the accepted policy of the TRIO Talent Search program that parents/guardians will be contacted (or at least contact efforts made) prior to and in advance of any medical treatment where expenses are to be incurred unless it is an EMERGENCY medical situation. Specifically for use in an emergency medical situation read and sign the following Consent to Treat form.

Student Name: ____________________________

CONSENT TO TREAT

I hereby designate TRIO Talent Search administrators of the Wichita State University as my agent and representative for the purpose of authorizing and consenting to any emergency medical treatment or care required of my child/ward during the TRIO Talent Search Campus Visits the date or between the dates of ________________ and ________________, which is described on page 1. I understand that NO medical/hospitalization insurance is carried through the TRIO Talent Search program nor WSU and agree to be responsible for all medical expenses incurred by my child/ward while participating in the Campus Visits.

Signature Parent/Guardian ____________________________

Print Name ____________________________

Date ____________________________

Relationship to child/ward ____________________________

INSURANCE AND EMERGENCY INFORMATION

Parent/Guardians Name: ____________________________ Relationship: ____________________________

Place of Employment: ____________________________ Telephone: ____________________________

Health Plan ID Number: ____________________________ Health Plan Telephone: ____________________________

Allergies: ____________________________ Last Tetanus: ____________________________

Miscellaneous information such as medication required and dosage to give, sleepwalker, and any other medical history that might be pertinent, is to be noted below:

_______________________________________________________________________________________________________

______________________________________________________________________________________________________________

__________________________________________________________________________________

IF PARENTS UNAVAILABLE CONTACT:

Name: ____________________________ Relationship to Student: ____________________________

Home Address ____________________________

Home Phone: ____________________________ Work Phone: ____________________________