

Participation Form- Specialist High Skills Major Program
UCC

Submit this form to your Guidance Department

First Name: _____ (Please Print Clearly)

Last Name: _____

Date of Birth: Year _____ Month _____ Day _____

Male: _____ Female: _____ Grade(circle one) 9 10 11 12

Select one Sector Area:

- Arts & Culture
- Environment
- Health and Wellness (Fitness Focus)
- Manufacturing
- Non Profit

I understand that a 2 period co-op placement is a requirement of the SHSM and must be completed either in the summer or during the school year.

I will commit to completing this co-op requirement before graduation.

_____ (please sign)

Completion of the five necessary elements of this program listed below, will result in the granting of a special designation (red seal) on the graduation diploma, indicating that the Specialist High Skills Major has been completed.

Requirements:

1. Completion of all required courses in the SHSM timetable (see handout for information) including two cooperative education credits.
2. Completion of related work experience.
3. Completion of mandatory components of the Ontario Skills Passport (completed through co-op)
4. Participation in reach ahead activities involving an employer, university, apprenticeship training or college.
5. Completion of the required industry recognized certifications for the Specialist High Skills Major.

Where do you plan to go right after high school: **(select one)**

Workplace Apprenticeship College University

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

The information on this form will be used to help us advise you about which SHSM trips and training sessions would be most useful to you. We will also use it to advise you on course selection.