



Specialist High Skills Major Application Form

Please be sure to print clearly

STUDENT INFORMATION		Social Insurance Number:
Name:		

Last

First

Middle

Date of Birth:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Street Address:		
City/Town and Postal Code:		
Phone Numbers:	Student Cell Number:	
Student E-mail Address:		

PARENT INFORMATION	
Parent A:	Phone Number:
Parent B:	Phone Number:

Check off which SHSM program you are interested in: Construction Health and Wellness Environment .

Please explain in a brief paragraph why you want to be considered for the SHSM program.
How do you think you will benefit from this program?

What Qualities (attitudes, skills, knowledge, and experience) do you possess that identify you as a suitable candidate for this program?

Reflect on how many days of school you missed last semester. If it was more than 5 days, please explain why.

Are you prepared to obtain a driver's licence, pay for gasoline and auto insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you willing to complete all of the required components of the program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
This may mean you graduate AFTER 5 years of high school	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please attach a copy of your current resume to this application form. An interview will be a required component for acceptance to the SHSM program. If accepted, you will be required to maintain a minimum Level 2 performance in non-SHSM courses and minimum Level 3 performance in the SHSM courses.

Student's Signature	Parent's Signature	Date
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