



## Specialist High Skills Major – **Registration**

Choose a SHSM Sector Program (Check ONE): <input type="checkbox"/> Business <input type="checkbox"/> Information & Communications Technology <input type="checkbox"/> Sports	Date:
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I am aware of the expectations and requirements that are necessary to complete the SHSM program at Galt Collegiate.

**Student Notes:**

It is my responsibility to communicate with my Guidance Counsellor and/or Teacher if I have questions about my progress and understanding obligations to complete the requirements prior to graduation.

Student Name:	
<i>Destination:</i> <input type="checkbox"/> <i>College</i> <input type="checkbox"/> <i>University</i> <input type="checkbox"/> <i>Workplace</i> <input type="checkbox"/> <i>Apprenticeship</i>	
Parent/Guardian Name:	Guidance Counsellor Name:

## Specialist High Skills Major – **Withdrawal** (complete if student is dropping SHSM)

**Student Notes:**

If I would like to be removed from the SHSM program, I will see my Guidance Counsellor and sign the form. I will not receive a SHSM diploma, a Credit Counselling Summary or a transcript indicating I have completed the SHSM program.

I wish to graduate from G.C.I. prior to completing all SHSM requirements. Please withdraw me from the program.  Student Name: _____  Parent/Guardian Name: _____
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**IMPORTANT:** If the student is not completing the necessary SHSM requirements, Guidance reserves the right to withdraw the student from the SHSM program without notice.

*Administrative Purposes Only:*

Guidance Secretary Initials and Date Indicating Student <b>Added</b> :	Guidance Secretary Initials and Date Indicating Student <b>Dropped</b> :
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