



Medical, Engineering and Technology (MET) Professional Academy 2018-19 Enrollment Application

STEPS TO SUBMIT YOUR APPLICATION

- Step 1:** Complete all form fields on the application.
- Step 2:** Meet with your counselor to obtain his or her approval.
- Step 3:** Submit your completed application to your counselor who will sign and scan your application and transcript to MET.

Last Name: _____ **First Name:** _____ **MI:** _____

Student ID#: _____ **Gender:** _____ **Birthdate:** _____

Year in School: _____ **High School of Attendance:** _____

Cumulative GPA (please also attach unofficial transcript): _____

Current High School Counselor: _____

Counselor Signature: _____

Student Email: _____ **Student Cell #:** _____

Home Address: _____ **City:** _____ **Zip:** _____

Parent/Guardian's Name: _____

Parent/Guardian's Email: _____

Parent/Guardian's Home #: _____ **Cell #:** _____

Parent/Guardian Signature: _____

Circle the STEM strand that you are applying for: Medical Engineering Technology



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Please evaluate yourself in the following areas:

SELF-ASSESSMENT TO BE COMPLETED BY APPLICANT					
Check only one level for each attribute: Levels: 1 (low) to 5 (high)					
Attributes:	1	2	3	4	5
Potential for success in this college/career pathway					
Willingness to comply with business ethics					
Leadership					
Self-Motivation					
Punctuality					
Reliability					

Please type your responses to the three questions below. You may attach a separate Word document, if needed.

Explain why you would like to attend the MET Professional Academy?

What characteristics do you possess that you believe will help you to be successful at the MET?

How did you hear about the MET?

Student Commitment:

I am applying for the MET Professional Academy. I have discussed the program with my parents/guardians and they have indicated their permission for me to be considered for this program. I understand that I will comply with business ethics (e.g. attendance, dress code, professional actions) and **can provide my own transportation to the MET campus and potential internship sites.** I also understand that my business mentors and my high school team members depend on my commitment to the MET Professional Academy; therefore, I pledge to remain committed to the program to complete my program of study.

Print Name _____ Signature _____

Please contact the MET Professional Academy Director, Barbara Coakley, at bcoakley@pusd11.net with any additional questions or visit the MET website at <https://www.peoriaunified.org/MET>.