**Step 1:** Complete all areas below and sign.

**Step 2:** Email completed form to Kirsten Coury ([kcoury@pusd11.net](mailto:kcoury@pusd11.net)) or deliver to MET office

*To properly plan for the 25-26 school year, we need to know how many students are intending to return to the MET for the 2nd year of their program. If you would like to change programs, you will need to submit a 25-26 Application including parent and counselor signature by the priority deadline of 12/6/24.*

**Date:** Click or tap to enter a date.

|  |  |
| --- | --- |
| **Last Name:** Click or tap here to enter text. | **First Name:**Click or tap here to enter text. |
| **Current Year in School:** Choose an item. | **High School of Attendance:** Choose an item. |
| **Current High School Counselor Name**: Click or tap here to enter text. | |

**Check the strand you are currently enrolled in:**

**Medical 1  Engineering 1  Technology 1  Bioscience** **Global Business**

**Check the course you intend to participate in for year 2:**

**Medical 2  Engineering 2  Technology 2**

**Innovations Lab** *(for Bioscience or Global Business students)*

**I do NOT intend to continue at the MET for the 25-26 school year**

**Student Email**: Click or tap here to enter text. **Student Cell** #: Click or tap here to enter text.

*Student Commitment:*

I intend to continue my participation in the MET Professional Academy. I have discussed this with my parents/guardians and they have indicated their permission to continue with my program of study. I understand that I will continue to comply with appropriate business ethics (e.g. attendance, dress code, professional actions). 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 and to complete my program of study.

**Print Name:** **Signature:**

|  |  |
| --- | --- |
| MET STAFF |  |
| Date Received: | Action Taken: |