

High School Counselor/Coordinator Confirmation Form

This form is to be completed by the High School contact and MUST be submitted to apprenticeship@gov.mb.ca with the Apprenticeship Agreement signature page - Part C

**Please
Print**

Trade: _____

Student Name: _____

MET#: _____

Anticipated Graduation Date: _____

School Name: _____

School Division: _____

School Contact: _____

School Contact Email: _____