

**MILLWRIGHT APPLICATION**

(MILLWRIGHT CAN ONLY BE TAKEN FOR ONE SEMESTER PER YEAR)

Student's Name \_\_\_\_\_

Class you wish to be a Millwright in \_\_\_\_\_

School Year: \_\_\_\_\_

Semester you wish to be a Millwright in (Check one) Semester 1 \_\_\_\_\_ OR Semester 2 \_\_\_\_\_

Supervising Instructor: \_\_\_\_\_

Print Name

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

List all courses you have taken in Manufacturing, Engineering & Technology Education:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Completed form should be returned to the Counseling Office.**