

NORTHWOOD TECHNICAL COLLEGE
ASSOCIATE DEGREE NURSING
STUDENT POLICIES

STUDENT PROGRAM REENTRY REQUEST FORM

To begin the reentry process, the student must first submit this completed form via email to reentryrequests@northwoodtech.edu no later than July 7 for fall and January 7 for spring prior to the start of the semester requesting reentry. Eligibility will be based on space available in the program on the designated campus and courses requested.

Students can only reenter once to the ADN program after dismissal.

Campus: **Ashland** **New Richmond** **Rice Lake** **Superior**

Student Name: _____ Student ID# _____

Phone Number(s): _____ Student preferred email address: _____

Semester requesting to reenter: _____

Nursing Course Name(s) & Number requesting to enroll:

- | | |
|---------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> 543-101 Fundamentals | <input type="checkbox"/> 543-109 Complex Health Alterations 1 |
| <input type="checkbox"/> 543-102 Skills | <input type="checkbox"/> 543-110 Mental Health & Community Concepts |
| <input type="checkbox"/> 543-103 Pharmacology | <input type="checkbox"/> 543-111 Intermediate Clinical Practice |
| <input type="checkbox"/> 543-104 Introduction to Clinical Practice | <input type="checkbox"/> 543-112 Advanced Skills |
| <input type="checkbox"/> 543-105 Health Alterations | <input type="checkbox"/> 543-113 Complex Health Alterations 2 |
| <input type="checkbox"/> 543-106 Health Promotion | <input type="checkbox"/> 543-114 Management & Professional Concepts |
| <input type="checkbox"/> 543-107 Clinical Care Across the Lifespan | <input type="checkbox"/> 543-115 Advanced Clinical Practice |
| <input type="checkbox"/> 543-108 Introduction to Clinical Care Mgmt | <input type="checkbox"/> 543-116 Clinical Transition |

Brief explanation for reentry request: _____

When deemed eligible, the Associate Dean of Nursing will notify you via email (**provided above by the student**) of any clinical requirements that need to be updated. These requirements may include items listed below. In order to be considered for clinical reentry, the student must be current on all clinical requirements and verifications.

- TB test
- BLS Basic Life Support certification
- Health Form for Health Science Students
- Immunizations
- Background checks as indicated
- Required Textbooks

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Student Signature: _____ Date: _____
(typed signature is acceptable)

College Use Only

___ Repeating an ADN course(s) within 2 years

___ Repeating an ADN course from Northwood Tech

___ Repeating a course at another WTCS college (Must have completed and submitted E-3 form)

___ Not taken a course within the last 2 years

___ Dismissed student

Date Form Received by Associate Dean of Nursing/ADN Program Director: _____