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 <u>reentryrequests@northwoodtech.edu</u> 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 Nar | me: | | Student ID # | |
| Phone Number(s): | | | Student preferred email address: | |
| Semester re | questing to re | enter: | | |
| Nursing Co | urse Name(s) a | & Number requesting to | enroll: | |
| □ 543-101 Fundamentals □ 543-102 Skills □ 543-103 Pharmacology □ 543-104 Introduction to Clinical Practice □ 543-105 Health Alterations □ 543-106 Health Promotion □ 543-107 Clinical Care Across the Lifespan □ 543-108 Introduction to Clinical Care Mgmt | | | □ 543-110 □ 543-111 □ 543-112 □ 543-113 □ 543-114 | P Complex Health Alterations 1 Mental Health & Community Concepts Intermediate Clinical Practice Advanced Skills Complex Health Alterations 2 Management & Professional Concepts Advanced Clinical Practice Clinical Transition |
| Brief expla | nation for ree | ntry 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

E-04 LSM 5/2025

NORTHWOOD TECHNICAL COLLEGE ASSOCIATE DEGREE NURSING STUDENT POLICIES

| 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 | t 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 Progr | am Director: | |

E-04 LSM 5/2025