

Intent to Reenter OTA Program

This form must be returned within one month of exiting the program.

Name: _____
Last First MI

Student ID Number: _____ Campus: _____

Northwood Tech email address: _____

Primary Phone: _____ Alternate Phone: _____

Current Mailing Address: _____
Street/RFD/PO Box

_____ City State Zip

I have not successfully completed the following course(s) during the **Fall 2025** semester (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> 806-177 General Anatomy & Physiology | <input type="checkbox"/> 514-179 Community Practice |
| <input type="checkbox"/> 514-171 Intro to Occupational Therapy | <input type="checkbox"/> 514-189 OT Physical Rehabilitation Practice |
| <input type="checkbox"/> 514-172 Medical and Psychosocial Conditions | <input type="checkbox"/> 514-190 OT Pediatric Practice |
| <input type="checkbox"/> 514-173 Activity Analysis & Applications | <input type="checkbox"/> 514-184 OTA Fieldwork I |
| <input type="checkbox"/> 514-174 OT Performance Skills | <input type="checkbox"/> 514-185 OT Practice & Management |
| <input type="checkbox"/> 514-175 Psychosocial Practice | <input type="checkbox"/> 514-186 OTA Fieldwork IIA |
| <input type="checkbox"/> 514-176 OT Theory & Practice | <input type="checkbox"/> 514-187 OTA Fieldwork IIB |
| <input type="checkbox"/> 514-178 Geriatric Practice | |

Select one option:

I commit to reenter the Northwood Tech OTA program to repeat the course(s) above in the **Fall 2026** semester or as space is available and the course is offered.

I will take this course(s) at another WTCS college and commit to reenter the Northwood Tech OTA program in the **Fall 2026** semester.

I understand that I have the opportunity to reenter the OTA program with priority over other students waiting to enter the OTA program for one year and for one time only if space is available. I understand that if I do not reenter the OTA program at the time designated above, I will forfeit my priority status and will be eligible to reenter the OTA program after other students waiting to reenter the program (first-time reentry, transfer students) have had an opportunity to reenter.

Student's Signature: _____ Date: _____

Email to: Becky Mika at becky.mika@NorthwoodTech.edu