

NORTHWOOD TECHNICAL COLLEGE  
ASSOCIATE DEGREE NURSING  
STUDENT POLICIES

**REQUEST TO TRANSFER TO ANOTHER NORTHWOOD TECH CAMPUS FOR THE ADN PROGRAM**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student Northwood Tech Email Address: \_\_\_\_\_

Campus currently attending: \_\_\_\_\_

Campus desired to attend: \_\_\_\_\_

Desired semester to attend (ADN 1, ADN 2, etc.): \_\_\_\_\_

I am requesting to transfer to the \_\_\_\_\_ Northwood Tech Campus to complete the ADN program. I understand that I may transfer to another campus *one time* during my entire enrolment in the Northwood Tech ADN program.

I understand that if I am granted a transfer to another campus that I must contact the Admissions Advisor at the campus where I have transferred from and the campus where I will transfer to notify them of this change.

I understand that I may only transfer to another campus if there is space available and that my transfer is subject to the prioritization process described in the "D3-Course Reentry Process and Priority Status" policy.

\_\_\_\_\_  
Student Signature \_\_\_\_\_  
Date

Approved  Not Approved  \_\_\_\_\_  
Program Director, Nursing date

The completed form must be **scanned/emailed or mailed** to:  
Kris Voigt, MSN RN, CHSE  
Interim ADN Program Director  
Northwood Technical College  
600 N 21<sup>st</sup> St  
Superior WI 54880  
Email: [kris.voigt@NorthwoodTech.edu](mailto:kris.voigt@NorthwoodTech.edu)