

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:
Kirsten Dieckman, MSN, RN, CNE
ADN Program Director
Northwood Technical College
1900 College Dr
Rice Lake WI 54868
Email: Kirsten.Dieckman@NorthwoodTech.edu