

NORTHWOOD TECHNICAL COLLEGE
ASSOCIATE DEGREE NURSING
STUDENT POLICIES

**TRANSFER OF STUDENT ACADEMIC STANDING INFORMATION PERMISSION AND
STATEMENT OF UNDERSTANDING**

Failure to disclose ADN coursework attempts taken at other WTCS ADN programs constitutes academic dishonesty and will be considered as grounds for dismissal from the Northwood Tech ADN program.

I _____ grant permission to the Northwood Tech Nursing Program
(please print name)
Director to provide the information listed below regarding my academic standing and program eligibility
to the ADN Program at _____
(please print name of WTCS ADN program)

A copy of this document will be sent to: _____
(email address of other WTCS ADN program contact)

Student Signature: _____ Date: _____

Northwood Tech Student ID: _____

Please complete and return this form via scanned/email attachment to:

*Kris Voigt, MSN RN CHSE
Interim ADN Program Director
Northwood Technical College
600 N 21st St
Superior WI 54880
kris.voigt@NorthwoodTech.edu*

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Student Name: _____

Academic Standing: _____ Acceptable

_____ Suspended

Comments:

Signature/title: _____ Date: _____

Kris Voigt
Interim ADN Program Director

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STATEMENT OF UNDERSTANDING

FOR ADN COURSEWORK TAKEN AT OTHER WTCS SCHOOLS OF NURSING

I am choosing to take an Associate Degree Nursing course at a Wisconsin Technical College System (WTCS) ADN program *other than Northwood Tech*. I understand that I must complete at least 25% of my nursing courses at Northwood Tech to be eligible to earn my nursing degree from Northwood Tech. I understand that all 4th semester nursing courses must be completed at Northwood Tech in order to receive a degree from Northwood Tech. I further understand that enrolling in a nursing course at a program other than Northwood Tech will be considered an attempt at a core nursing course and is subject to all policies regarding ADN coursework in the Northwood Tech ADN program. In the event that I withdraw from or fail the course at another institution, all Northwood Tech ADN program policies and protocols regarding withdrawals or failures will apply.

Name of other WTCS ADN program where I will enroll: _____

COURSE NUMBER _____ - _____ Fall Term _____ Spring Term _____ Summer Term _____

COURSE TITLE _____

Student Print Name: _____ Student ID # _____

Email address _____ Phone Number _____

Student Signature: _____ Date: _____

An official transcript from where the WTCS course was taken must be sent to Northwood Tech immediately upon course completion, ***including coursework from which the student withdraws or fails.***