NORTHWOOD TECHNICAL COLLEGE ASSOCIATE DEGREE NURSING STUDENT POLICIES

STUDENT PROGRAM REENTRY REQUEST FORM

To begin the reentry process, the student must first contact the Associate Dean, Nursing/ADN Program Director, Lorraine Sacino Murphy, email: lorraine.sacinomurphy@NorthwoodTech.edu

Students can only reenter once to the ADN program after dismissal.					
Campus	☐ Ashland	☐ New Richmond	☐ Rice Lake	☐ Superior	
Student Name: Student ID#					
Phone Numbers: Student email address:					
Course Name(s) & Number(s):					
Reason for re	eentry reque	est (Check all that app	ly):		
☐ Student or ☐ Instructor-initiated withdrawal ☐ Academic					☐ Personal
Required – Brief explanation for reentry request: (Attach sheets or use other side as needed)					
When approved, the Associate Dean, Nursing/ADN Program Director will notify you of any clinical requirements that need to be updated. These requirements may include items listed below.					
• - (• •	Tb test CPR for Heal [:] Physical exar Immunizatio	ns checks as indicated	ification		
This form is to be completed and returned via email to the Associate Dean, Nursing/ADN Program Director within 10 business days of withdrawal or failure of the course.					
Student Signature:					Date:
College Use	Only				
Repeating an ADN course(s) from Northwood Tech or another WTCS college					
Has not taken a course in more than one semester					
Dismissed student					
Date Form Received by the Associate Dean, Nursing/ADN Program Director:					